

SF-36 Questionnaire

Patient Name:

Date:

INSTRUCTIONS: This set of questions asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer every question by marking the answer as indicated. If you are unsure about how to answer a question please give the best answer you can.

1. In general, would you say your health is: (Please tick **one** box.)

Excellent

Very Good

Good

Fair

Poor

2. Compared to one year ago, how would you rate your health in general now? (Please tick **one** box.)

Much better than one year ago

Somewhat better now than one year ago

About the same as one year ago

Somewhat worse now than one year ago

Much worse now than one year ago

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Please circle **one** number on each line.)

<u>Activities</u>	Yes, Limited A Lot	Yes, Limited A Little	Not Limited At All
3(a) Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
3(b) Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
3(c) Lifting or carrying groceries	1	2	3
3(d) Climbing several flights of stairs	1	2	3
3(e) Climbing one flight of stairs	1	2	3
3(f) Bending, kneeling, or stooping	1	2	3
3(g) Waling more than a mile	1	2	3
3(h) Walking several blocks	1	2	3
3(i) Walking one block	1	2	3
3(j) Bathing or dressing yourself	1	2	3

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Please circle **one** number on each line.)

	Yes	No
4(a) Cut down on the amount of time you spent on work or other activities	1	2
4(b) Accomplished less than you would like	1	2
4(c) Were limited in the kind of work or other activities	1	2
4(d) Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (e.g. feeling depressed or anxious)? (Please circle **one** number on each line.)

	Yes	No
5(a) Cut down on the amount of time you spent on work or other activities	1	2
5(b) Accomplished less than you would like	1	2
5(c) Didn't do work or other activities as carefully as usual	1	2

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups? (Please tick **one** box.)

Not at all
 Slightly
 Moderately
 Quite a bit
 Extremely

7. How much physical pain have you had during the past 4 weeks? (Please tick **one** box.)

None
 Very mild
 Mild
 Moderate
 Severe
 Very Severe

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Please tick **one** box.)

Not at all
 A little bit
 Moderately
 Quite a bit
 Extremely

9. These questions are about how you feel and how things have been with you during the past 4 weeks. Please give the one answer that is closest to the way you have been feeling for each item.

(Please circle one number on each line.)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
9(a) Did you feel full of life?	1	2	3	4	5	6
9(b) Have you been a very nervous person?	1	2	3	4	5	6
9(c) Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
9(d) Have you felt calm and peaceful?	1	2	3	4	5	6
9(e) Did you have a lot of energy?	1	2	3	4	5	6
9(f) Have you felt downhearted and blue?	1	2	3	4	5	6
9(g) Did you feel worn out?	1	2	3	4	5	6
9(h) Have you been a happy person?	1	2	3	4	5	6
9(i) Did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives etc.) (Please tick **one** box.)

All of the time
 Most of the time
 Some of the time
 A little of the time
 None of the time

11. How TRUE or FALSE is each of the following statements for you?

(Please circle one number on each line.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
11(a) I seem to get sick a little easier than other people	1	2	3	4	5
11(b) I am as healthy as anybody I know	1	2	3	4	5
11(c) I expect my health to get worse	1	2	3	4	5
11(d) My health is excellent	1	2	3	4	5