## 36-ITEM SHORT FORM SURVEY INSTRUMENT (SF-36)

Patient Name: $\qquad$
Date of birth: $\qquad$

## INSTRUCTIONS

Choose one option for each questionnaire item.

## 1 - IN GENERAL, WOULD YOU SAY YOUR HEALTH IS:

 <br> 1 - Excellent}
$\square 2$ - Very good
3-Good
$\square 4$ - Fair
$\square 5$ - Poor

## 2 - COMPARED TO ONE YEAR AGO, HOW WOULD YOU RATE YOUR HEALTH IN GENERAL NOW?

1 - Much better now than a year ago2 - Somewhat better now than a year ago
3 - About the same
4 - Somewhat worse now than one year ago
5 - Much worse now than one year ago

## INSTRUCTIONS

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? Circle the appropriate number.

|  | Yes, limited <br> a lot | Yes, limited a <br> little | No, not limited at <br> all |
| :--- | :---: | :---: | :---: |
| 3. Vigorous activities, such as running, lifting heavy <br> objects, participating in strenuous sports | 1 | 2 | 3 |
| 4. Moderate activities, such as moving a table, <br> pushing a vacuum cleaner, bowling, or playing golf | 1 | 2 | 3 |
| 5. Lifting or carrying groceries | 1 | 2 | 3 |
| 6. Climbing several flights of stairs | 1 | 2 | 3 |
| 7. Climbing one flight of stairs | 1 | 2 | 3 |
| 8. Bending, kneeling, or stooping | 1 | 2 | 3 |
| 9. Walking more than a mile | 1 | 2 | 3 |
| 10. Walking several blocks | 1 | 2 | 3 |
| 11. Walking one block | 1 | 2 | 3 |
| 12. Bathing or dressing yourself | 1 | 2 | 3 |

## INSTRUCTIONS

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?

|  | Yes | No |
| :--- | :---: | :---: |
| 13. Cut down the amount of time you spent on work or other activities | 1 | 2 |
| 14. Accomplished less than you would like | 1 | 2 |
| 15. Were limited in the kind of work or other activities | 1 | 2 |
| 16. Had difficulty performing the work or other activities (for example, <br> it took extra effort) | 1 | 2 |

## INSTRUCTIONS

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 (such as feeling depressed or anxious)?

|  | Yes | No |
| :--- | :---: | :---: |
| 17. Cut down the amount of time you spent on work or other activities | 1 | 2 |
| 18. Accomplished less than you would like | 1 | 2 |
| 19. Didn't do work or other activities as carefully as usual | 1 | 2 |

## 20. DURING THE PAST 4 WEEKS, TO WHAT EXTENT HAS YOUR PHYSICAL HEALTH OR EMOTIONAL PROBLEMS INTERFERED WITH YOUR NORMAL SOCIAL ACTIVITIES WITH FAMILY, FRIENDS, NEIGHBORS, OR GROUPS?

$\square 1$ - Not at all $\quad \square 2$ - Slightly $\quad \square 3$ - Moderately $\quad \square 4$ - Quite a bit $\quad \square 5$ - Extremely

## 21. HOW MUCH BODILY PAIN HAVE YOU HAD DURING THE PAST 4 WEEKS?

$\square 1$ - None $\quad \square 2$ - Very mild $\square$ $\square 4$ - Moderate$\square 5$ - Severe
$\square 6$ - Very severe

## 22. DURING THE PAST 4 WEEKS, HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?

$\square 1$ - Not at all $\quad \square 2$ - A little bit 3 - Moderately $\square$ 4 - Quite a bit

## INSTRUCTIONS

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks...

|  | All of <br> 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 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 23. Did you feel full of pep? | 1 | 2 | 3 | 4 | 5 | 6 |
| 24. Have you been a very nervous person | 1 | 2 | 3 | 4 | 5 | 6 |
| 25. Have you felt so down in the dumps that nothing could cheer you up | 1 | 2 | 3 | 4 | 5 | 6 |
| 26. Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| 27. Did you have a lot of energy? | 1 | 2 | 3 | 4 | 5 | 6 |
| 28. Have you felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |
| 29. Did you feel worn out? | 1 | 2 | 3 | 4 | 5 | 6 |
| 30. Have you been a happy person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 31. Did you feel tired? | 1 | 2 | 3 | 4 | 5 | 6 |

## 32. 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.)?



## INSTRUCTIONS

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

| 33. I seem to get sick a little easier than | Definitely <br> true | 1 | Mostly true | Don't know Mostly false | Definitely <br> false |
| :--- | :---: | :---: | :---: | :---: | :---: |
| other people | 2 | 3 | 4 | 5 |  |
| 34. I am as healthy as anybody I know | 1 | 2 | 3 | 4 | 5 |
| 35. I expect my health to get worse | 1 | 2 | 3 | 4 | 5 |
| 36. My health is excellent | 1 | 2 | 3 | 4 | 5 |

