

Name _____

Date _____

Please list in order any symptoms that bother you.
Rank them from 1 – 10

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

SHORT FORM-36 (SF36) SURVEY

Please answer the following questions about your health. Select **ONLY ONE ANSWER** for each question

1. In general, would you say your health is:

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

2. Compared to one year ago, how would you rate your health in general now?

1. Much better now than one year ago
2. Somewhat better now than one year ago
3. About the same as one year ago
4. Somewhat worse now than one year ago
5. Much worse than one year ago

3. Does your health now limit you in this activity? If so, how much? Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

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?

4. Does your health now limit you in this activity? If so, how much? Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

5. Does your health now limit you in this activity? If so, how much? Lifting or carrying groceries.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

6. Does your health now limit you in this activity? If so, how much? Climbing several flights of stairs.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

7. Does your health now limit you in this activity? If so, how much? Climbing one flight of stairs.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

8. Does your health now limit you in this activity? If so, how much? Bending, kneeling, or stooping.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

9. Does your health now limit you in this activity? If so, how much? Walking more than a mile.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

10. Does your health now limit you in this activity? If so, how much? Walking several blocks.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

11. Does your health now limit you in this activity? If so, how much? Walking one block.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

12. Does your health now limit you in this activity? If so, how much? Bathing or dressing yourself.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

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**?

13. During the past 4 weeks, have you had the following problem with your work or other regular daily activities as a result of your physical health? Cut down the amount of time you spent on work or other activities.

1. Yes
2. No

14. During the past 4 weeks, have you had the following problem with your work or other regular daily activities as a result of your physical health? Accomplished less than you would like.

1. Yes
2. No

15. During the past 4 weeks, have you had the following problem with your work or other regular daily activities as a result of your physical health? Were limited in the kind of work or other activities.

1. Yes
2. No

16. During the past 4 weeks, have you had the following problem with your work or other regular daily activities as a result of your physical health? Had difficulty performing the work or other activities (for example, it took extra effort).

1. Yes
2. No

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)?

17. During the past 4 weeks, have you had the following problem with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Cut down the amount of time you spent on work or other activities.

1. Yes
2. No

18. During the past 4 weeks, have you had the following problem with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Accomplished less than you would like.

1. Yes
2. No

19. During the past 4 weeks, have you had the following problem with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? Didn't do work or other activities as carefully as usual.

1. Yes
2. No

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?

1. Not at all
2. Slightly
3. Moderately
4. Quite a bit
5. Extremely

21. How much bodily pain have you had during the past 4 weeks?

1. None
2. Very mild
3. Mild
4. Moderate
5. Severe
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)?

1. Not at all
2. A little bit
3. Moderately
4. Quite a bit
5. Extremely

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.

23. How much of the time during the past 4 weeks: Did you feel full of pep?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

24. How much of the time during the past 4 weeks: Have you been a very nervous person?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

25. How much of the time during the past 4 weeks: Have you felt so down in the dumps that nothing could cheer you up?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

26. How much of the time during the past 4 weeks: Have you felt calm and peaceful?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

27. How much of the time during the past 4 weeks:

Did you have a lot of energy?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

28. How much of the time during the past 4 weeks:

Have you felt downhearted and blue?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

29. How much of the time during the past 4 weeks:

Did you feel worn out?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

30. How much of the time during the past 4 weeks:

Have you been a happy person?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

31. How much of the time during the past 4 weeks:

Did you feel tired?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

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.)?

1. All of the time
2. Most of the time
3. Some of the time
4. A little of the time
5. None of the time

33. How true or false is the following statement? I seem to get sick a little easier than other people.

1. Definitely true
2. Mostly true
3. Don't know
4. Mostly false
5. Definitely false

34. How true or false is the following statement? I am as healthy as anybody I know.

1. Definitely true
2. Mostly true
3. Don't know
4. Mostly false
5. Definitely false

35. How true or false is the following statement? I expect my health to get worse.

1. Definitely true
2. Mostly true
3. Don't know
4. Mostly false
5. Definitely false

36. How true or false is the following statement? My health is excellent.

1. Definitely true
2. Mostly true
3. Don't know
4. Mostly false
5. Definitely false

37. Are you ...?

1. Male
2. Female

38. How old were you on your last birthday?

1. Less than 24
2. 25 - 34
3. 35 - 44
4. 45 - 54
5. 55 - 64
6. 65 & Over