

## SF-36 QUESTIONNAIRE

Name: \_\_\_\_\_

Ref. Dr: \_\_\_\_\_

Date: \_\_\_\_\_

ID#: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: M / F

Please answer the 36 questions of the **Health Survey** completely, honestly, and without interruptions.

### GENERAL HEALTH:

In general, would you say your health is:

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

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

☐ Much better now than one year ago

☐ Somewhat better now than one year ago

☐ About the same

☐ Somewhat worse now than one year ago

☐ Much worse than one year ago

### LIMITATIONS OF ACTIVITIES:

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?

**Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.**

☐ Yes, Limited a lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

**Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf**

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

**Lifting or carrying groceries**

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

**Climbing several flights of stairs**

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

**Climbing one flight of stairs**

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

**Bending, kneeling, or stooping**

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

**Walking more than a mile**

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

**Walking several blocks**

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

**Walking one block**

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

**Bathing or dressing yourself**☐ Yes, Limited a Lot☐ Yes, Limited a Little☐ No, Not Limited at all**PHYSICAL HEALTH PROBLEMS:**

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?

**Cut down the amount of time you spent on work or other activities**☐ Yes☐ No**Accomplished less than you would like**☐ Yes☐ No**Were limited in the kind of work or other activities**☐ Yes☐ No**Had difficulty performing the work or other activities (for example, it took extra effort)**☐ Yes☐ No**EMOTIONAL HEALTH PROBLEMS:**

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)?

**Cut down the amount of time you spent on work or other activities**☐ Yes☐ No**Accomplished less than you would like**☐ Yes☐ No**Didn't do work or other activities as carefully as usual**☐ Yes☐ No**SOCIAL ACTIVITIES:**

Emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

☐ Not at all☐ Slightly☐ Moderately☐ Severe☐ Very Severe**PAIN:**

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

☐ None☐ Very Mild☐ Mild☐ Moderate☐ Severe☐ Very Severe

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

☐ Not at all☐ A little bit☐ Moderately☐ Quite a bit☐ Extremely

**ENERGY AND EMOTIONS:**

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

**Did you feel full of pep?**

- ☐ All of the time
- ☐ Most of the time
- ☐ A good Bit of the Time
- ☐ Some of the time
- ☐ A little bit of the time
- ☐ None of the Time

**Have you been a very nervous person?**

- ☐ All of the time
- ☐ Most of the time
- ☐ A good Bit of the Time
- ☐ Some of the time
- ☐ A little bit of the time
- ☐ None of the Time

**Have you felt so down in the dumps that nothing could cheer you up?**

- ☐ All of the time
- ☐ Most of the time
- ☐ A good Bit of the Time
- ☐ Some of the time
- ☐ A little bit of the time
- ☐ None of the Time

**Have you felt calm and peaceful?**

- ☐ All of the time
- ☐ Most of the time
- ☐ A good Bit of the Time
- ☐ Some of the time
- ☐ A little bit of the time
- ☐ None of the Time

**Did you have a lot of energy?**

- ☐ All of the time
- ☐ Most of the time
- ☐ A good Bit of the Time
- ☐ Some of the time
- ☐ A little bit of the time
- ☐ None of the Time

**Have you felt downhearted and blue?**

- ☐ All of the time
- ☐ Most of the time
- ☐ A good Bit of the Time
- ☐ Some of the time
- ☐ A little bit of the time
- ☐ None of the Time

**Did you feel worn out?**

- ☐ All of the time
- ☐ Most of the time
- ☐ A good Bit of the Time
- ☐ Some of the time
- ☐ A little bit of the time
- ☐ None of the Time

**Have you been a happy person?**

- ☐ All of the time
- ☐ Most of the time
- ☐ A good Bit of the Time
- ☐ Some of the time
- ☐ A little bit of the time
- ☐ None of the Time

**Did you feel tired?**

- ☐ All of the time
- ☐ Most of the time
- ☐ A good Bit of the Time
- ☐ Some of the time
- ☐ A little bit of the time
- ☐ None of the Time

**SOCIAL ACTIVITIES:**

**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.)?**

- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little bit of the time
- ☐ None of the Time

**GENERAL HEALTH:**

**How true or false is each of the following statements for you?**

**I seem to get sick a little easier than other people**

- ☐ Definitely true      ☐ Mostly true      ☐ Don't know      ☐ Mostly false      ☐ Definitely false

**I am as healthy as anybody I know**

- ☐ Definitely true      ☐ Mostly true      ☐ Don't know      ☐ Mostly false      ☐ Definitely false

**I expect my health to get worse**

- ☐ Definitely true      ☐ Mostly true      ☐ Don't know      ☐ Mostly false      ☐ Definitely false

**My health is excellent**

- ☐ Definitely true      ☐ Mostly true      ☐ Don't know      ☐ Mostly false      ☐ Definitely false