

WebDCU™ EPISOD

Annotated Form for [SF-36]

No.	Data Item	Data Value
a	Data collected? DB Name: [zDataCollected]	<input type="radio"/> 0 - No <input type="radio"/> 1 - Yes Data Source: [zCodelItem] Data Field: [zltemNb] Label Field: [zltemNm] Filter: [zGroupID=58 and zltemNb>=0]
b	Date of assessment DB Name: [zFormDate]	<div style="border-bottom: 1px solid black; width: 100%;"></div> <i>Complete Date</i>
<p>INSTRUCTIONS: This survey 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 each question by selecting the appropriate response and checking the corresponding circle. If you are unsure about how to answer a question, please give the best answer you can.</p>		
1	In general, would you say your health is DB Name: [Q01]	<input type="radio"/> 1 - (1) Excellent <input type="radio"/> 2 - (2) Very good <input type="radio"/> 3 - (3) Good <input type="radio"/> 4 - (4) Fair <input type="radio"/> 5 - (5) Poor Data Source: [zCodelItem] Data Field: [zltemNb] Label Field: [zltemNm] Filter: [zGroupID=176]
2	Compared to one year ago, how would you rate your health in general now? DB Name: [Q02]	<input type="radio"/> 1 - (1) Much better now than one year ago <input type="radio"/> 2 - (2) Somewhat better now than one year ago <input type="radio"/> 3 - (3) About the same as one year ago <input type="radio"/> 4 - (4) Somewhat worse now than one year ago <input type="radio"/> 5 - (5) Much worse now than one year ago Data Source: [zCodelItem] Data Field: [zltemNb] Label Field: [zltemNm] Filter: [zGroupID=177]
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? Please check the circle that comes the closest to the way you have been feeling.		
3	Vigorous activities such as running, lifting heavy objects, participating in strenuous sports DB Name: [Q03]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all Data Source: [zCodelItem] Data Field: [zltemNb] Label Field: [zltemNm] Filter: [zGroupID=178]
4	Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf DB Name: [Q04]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all Data Source: [zCodelItem] Data Field: [zltemNb] Label Field: [zltemNm] Filter: [zGroupID=178]
5	Lifting or carrying groceries	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all Data Source: [zCodelItem] Data Field: [zltemNb]

	DB Name: [Q05]	Label Field: [zItemNm] Filter: [zGroupID=178]
6	Climbing several flights of stairs DB Name: [Q06]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=178]
7	Climbing one flight of stairs DB Name: [Q07]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=178]
8	Bending, kneeling, or stooping DB Name: [Q08]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=178]
9	Walking more than a mile DB Name: [Q09]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=178]
10	Walking several hundred yards DB Name: [Q10]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=178]
11	Walking one hundred yards DB Name: [Q11]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=178]
12	Bathing or dressing yourself DB Name: [Q12]	<input type="radio"/> 1 - (1) Yes, limited a lot <input type="radio"/> 2 - (2) Yes, limited a little <input type="radio"/> 3 - (3) No, not limited at all Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=178]
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	Cut down on the amount of time you spent on work or other Activities DB Name: [Q13]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=179]
14	Accomplished less than you would like DB Name: [Q14]	<input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm]

		Filter: [zGroupID=179]
15	<p>Were limited in the kind of work or other activities</p> <p>DB Name: [Q15]</p>	<p> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time </p> <p> Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=179] </p>
16	<p>Had difficulty performing the work or other activities</p> <p>DB Name: [Q16]</p>	<p> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time </p> <p> Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=179] </p>
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	<p>Cut down the amount of time you spent on work or other activities</p> <p>DB Name: [Q17]</p>	<p> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time </p> <p> Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=179] </p>
18	<p>Accomplished less than you would like</p> <p>DB Name: [Q18]</p>	<p> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time </p> <p> Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=179] </p>
19	<p>Didn't do work or other activities as carefully as usual</p> <p>DB Name: [Q19]</p>	<p> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time </p> <p> Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=179] </p>
20	<p>During the past 4 weeks, to what extent has your physical health or emotional</p>	<p> <input type="radio"/> 1 - (1) Not at all <input type="radio"/> 2 - (2) Slightly <input type="radio"/> 3 - (3) Moderately <input type="radio"/> 4 - (4) Quite a bit <input type="radio"/> 5 - (5) Extremely </p>

	<p>problems interfered with your normal social activities?</p> <p>DB Name: [Q20]</p>	<p>Data Source: [zCodelItem]</p> <p>Data Field: [zItemNb]</p> <p>Label Field: [zItemNm]</p> <p>Filter: [zGroupID=180]</p>
21	<p>How much bodily pain have you had in the past 4 weeks?</p> <p>DB Name: [Q21]</p>	<p> <input type="radio"/> 1 - (1) None <input type="radio"/> 2 - (2) Very mild <input type="radio"/> 3 - (3) Mild <input type="radio"/> 4 - (4) Moderate <input type="radio"/> 5 - (5) Severe <input type="radio"/> 6 - (6) Very severe </p> <p>Data Source: [zCodelItem]</p> <p>Data Field: [zItemNb]</p> <p>Label Field: [zItemNm]</p> <p>Filter: [zGroupID=181]</p>
22	<p>During the past 4 weeks, how much did pain interfere with your normal work?</p> <p>DB Name: [Q22]</p>	<p> <input type="radio"/> 1 - (1) Not at all <input type="radio"/> 2 - (2) Slightly <input type="radio"/> 3 - (3) Moderately <input type="radio"/> 4 - (4) Quite a bit <input type="radio"/> 5 - (5) Extremely </p> <p>Data Source: [zCodelItem]</p> <p>Data Field: [zItemNb]</p> <p>Label Field: [zItemNm]</p> <p>Filter: [zGroupID=180]</p>
<p>These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please check the one answer that comes closest to the way you have been feeling. How much time during the past 4 weeks...</p>		
23	<p>Did you feel full of pep?</p> <p>DB Name: [Q23]</p>	<p> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time </p> <p>Data Source: [zCodelItem]</p> <p>Data Field: [zItemNb]</p> <p>Label Field: [zItemNm]</p> <p>Filter: [zGroupID=182]</p>
24	<p>Have you been a very nervous person?</p> <p>DB Name: [Q24]</p>	<p> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time </p> <p>Data Source: [zCodelItem]</p> <p>Data Field: [zItemNb]</p> <p>Label Field: [zItemNm]</p> <p>Filter: [zGroupID=182]</p>
25	<p>Have you felt so down in the dumps that nothing could cheer you up?</p> <p>DB Name: [Q25]</p>	<p> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time </p>

		Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=182]
26	Have you felt calm and peaceful? DB Name: [Q26]	<ul style="list-style-type: none"> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=182]
27	Did you have a lot of energy? DB Name: [Q27]	<ul style="list-style-type: none"> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=182]
28	Have you felt downhearted and blue? DB Name: [Q28]	<ul style="list-style-type: none"> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=182]
29	Did you feel worn out? DB Name: [Q29]	<ul style="list-style-type: none"> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=182]
30	Have you been a happy person? DB Name: [Q30]	<ul style="list-style-type: none"> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=182]

31	<p>Did you feel tired?</p> <p>DB Name: [Q31]</p>	<ul style="list-style-type: none"> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) A good bit of the time <input type="radio"/> 4 - (4) Some of the time <input type="radio"/> 5 - (5) A little of the time <input type="radio"/> 6 - (6) None of the time <p>Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=182]</p>
32	<p>During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities?</p> <p>DB Name: [Q32]</p>	<ul style="list-style-type: none"> <input type="radio"/> 1 - (1) All of the time <input type="radio"/> 2 - (2) Most of the time <input type="radio"/> 3 - (3) Some of the time <input type="radio"/> 4 - (4) A little of the time <input type="radio"/> 5 - (5) None of the time <p>Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=179]</p>
<p>How true or false is each of the following statements for you? Check the circle of the answer that best corresponds to how you feel about each statement.</p>		
33	<p>I seem to get sick a little easier than other people</p> <p>DB Name: [Q33]</p>	<ul style="list-style-type: none"> <input type="radio"/> 1 - (1) Definitely true <input type="radio"/> 2 - (2) Mostly true <input type="radio"/> 3 - (3) Don't Know <input type="radio"/> 4 - (4) Mostly false <input type="radio"/> 5 - (5) Definitely false <p>Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=183]</p>
34	<p>I am as healthy as anyone I know</p> <p>DB Name: [Q34]</p>	<ul style="list-style-type: none"> <input type="radio"/> 1 - (1) Definitely true <input type="radio"/> 2 - (2) Mostly true <input type="radio"/> 3 - (3) Don't Know <input type="radio"/> 4 - (4) Mostly false <input type="radio"/> 5 - (5) Definitely false <p>Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=183]</p>
35	<p>I expect my health to get worse</p> <p>DB Name: [Q35]</p>	<ul style="list-style-type: none"> <input type="radio"/> 1 - (1) Definitely true <input type="radio"/> 2 - (2) Mostly true <input type="radio"/> 3 - (3) Don't Know <input type="radio"/> 4 - (4) Mostly false <input type="radio"/> 5 - (5) Definitely false <p>Data Source: [zCodelItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=183]</p>
36	<p>My health is excellent</p> <p>DB Name: [Q36]</p>	<ul style="list-style-type: none"> <input type="radio"/> 1 - (1) Definitely true <input type="radio"/> 2 - (2) Mostly true <input type="radio"/> 3 - (3) Don't Know <input type="radio"/> 4 - (4) Mostly false

		<div><div><div>●</div><div>5 - (5) Definitely false</div></div><div>Data Source: [zCodeItem] Data Field: [zItemNb] Label Field: [zItemNm] Filter: [zGroupID=183]</div></div>
c	<div>General Comments DB Name: [zNotes]</div>	<div></div> <div>250 char.</div>