

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE
AND HYPERTENSION - AASK COHORT STUDY
THE MOS 36-ITEM SHORT-FORM HEALTH SURVEY (SF-36)
FORM # 180**

This form is to be completed at a C-0 visit and annually thereafter.

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1. Identification Number...

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2. Name Code...

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3. Visit Number...

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4. SF36 Date: mm/dd/yyyy...

Sf 36 dt

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 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.

5. In General, would you say your health is? h lth - gen
(1=Excellent, 2=Very good, 3=Good, 4=Fair, 5=Poor)

6. Compared to one year ago, how would you rate your health
in general now? h lth - 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

The following items are about activities you might do during a typical day.

7. Does your health now limit you in these activities? If so, how much?
(1=Yes, limited a lot, 2=Yes, limited a little, 3=No, not limited at all)

- a. Vigorous activities, such as running, lifting heavy objects, or participating in strenuous sports. Vig - act
- b. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf mod - act
- c. Lifting or carrying groceries lifting
- d. Climbing **several** flights of stairs climb - SU
- e. Climbing one flight of stairs climb - 1
- f. Bending, kneeling, or stooping bending
- g. Walking **more than a mile** wlk - mile
- h. Walking **several blocks** wlk - blks
- i. Walking **one block** wlk - blk
- j. Bathing or dressing yourself bathing

8. 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? (0=no, 1=yes)

- a. Cut down on the **amount of time** you spent on work or other activities h 1/4h - work
- b. **Accomplished less** than you would like access - H
- c. Were limited to the **kind** of work or other activities limit - H
- d. Had difficulty performing the work or other activities diff - H
(for example, it took extra effort)

9. 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)? (0=no, 1=yes)

- a. Cut down the **amount of time** you spent on work or other activities amt - e
- b. **Accomplished less** than you would like access - e
- c. Did not do work or other activities **as carefully** as usual care - e

10. 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? Intf-pe

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

11. How much bodily pain have you had during the past 4 weeks? bad-pain

- 1=None
- 2=Very Mild
- 3=Mild
- 4=Moderate
- 5=Severe
- 6=Very Severe

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

- 1=Not at all
- 2=Slightly
- 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.

- 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 bit of the time
- 6=None of the time

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

- a. Did you feel full of pep? full-pep
- b. Have you been a very nervous person? nervous
- c. Have you felt so down in the dumps that nothing could cheer you up? down
- d. Have you felt calm and peaceful? calm
- e. Did you have a lot of energy? energy
- f. Have you felt downhearted and blue? blue
- g. Did you feel worn out? worn-out
- h. Have you been a happy person? happy
- i. Did you feel tired? tired

14. 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.)? Intf-act

- 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

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

- 1=Definitely True
- 2=Mostly True
- 3=Don't Know
- 4=Mostly False
- 5=Definitely False

- a. I seem to get sick a little easier than other people Sick
- b. I am as healthy as anybody I know healthy
- c. I expect my health to get worse worse
- d. My health is excellent exclnt

If this form is being self-administered by the participant, please remove this page from the form. Make sure to label this page with identifying patient and visit information. Once the form is returned to the clinical center, re-attach this page to the form.

- 100. How was the survey administered?(1=self-administered, 2=interview-administered) Administered
- 101. If this survey was interview-administered, for what primary reason was this done? intrv-reason
(1=visual, 2=dexterity, 3=literacy, 4=comprehension, 5=participant preference, 6=Study Coordinator preference)
- 102. How was this form completed?(1=in person, 2=telephone) Compl-how
(Note, interview via telephone is not recommended.)
- 103. Setting where this form was completed? Compl-Set
(1=completed in a clinical setting, 2=completed at participant's home by the participant, 3=completed at participant's home by an AASK staff member)
- 200. Date this form completed (mm/dd/yyyy) Compl-dt ____/____/____
- 201. Certification ID of person completing this form Compl-by _____

For Clinical Center Use Only:

Certification ID of person entering this form: _____

Date Entered: ____/____/____