

- self-administered

SF-36

**AFRICAN AMERICAN STUDY OF KIDNEY DISEASE AND HYPERTENSION
AASK STUDY
THE MOS 36-ITEM SHORT-FORM HEALTH SURVEY (SF-36) FORM # 80**

This form is to be completed at the SV2 visit and annually thereafter.

--	--	--	--	--	--	--

1. Identification Number.....

--	--	--	--	--	--

2. Name Code.....

--	--

3. Visit Number.....

--	--	--	--

--	--

--	--	--	--	--	--	--	--	--	--

4. SF36 Date: mm/dd/yyyy..... SF-36-de

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? h1th-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? h1th-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

SF-36

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-SV
 - 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 .. hltm-wor
- 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-m-E
- b. Accomplished less than you would like access-E
- c. Did not do work or other activities **as carefully as usual** Carefl-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?

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

intf-pe

11. 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

bad-pain

SF-36

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

SF-36

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

SF-36

- 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 excellent

Certification

201. Certification ID of person completing this form completer
 202. Certification ID of person entering this form enterer

For Clinical Center Use Only

Date Entered __/__/____

Verified? _____