Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* CRISP ID number, clinical center ID, and visit number.

Participant ID:_____________ *pkdid* **Clinical Center**: __________ *pccn*
visit:

Quality of Life Questionnaire (SF-36v2 Health Survey)

This survey asks for your views about your health, how you feel and how well you are able to do your usual activities. Answer every question by checking the appropriate response. There are no right or wrong answers. If you are unsure about how to answer a question, please give the best answer you can.

Date of visit *dvdate* ☐☐ / ☐☐ / ☐☐☐☐

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

Excellent	Very Good	Good	Fair	Poor	Missing
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐

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

Much better	Somewhat better	About the same	Somewhat worse	Much worse	Missing
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐

3. The following questions are about activities you might do during a typical day. <u>Does your health now limit</u> you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all	Missing
a. <u>Vigorous activities,</u> such as running, lifting heavy objects, participating in strenuous activities. *vgract*	1 ☐	2 ☐	3 ☐	9998 ☐
b. <u>Moderate activities,</u> such as moving a table, pushing a vacuum cleaner, bowling, or laying golf *mdract*	1 ☐	2 ☐	3 ☐	9998 ☐
c. Lifting or carrying groceries *lcgroc*	1 ☐	2 ☐	3 ☐	9998 ☐
d. Climbing <u>several</u> flights of stairs *cmstair*	1 ☐	2 ☐	3 ☐	9998 ☐
e. Climbing <u>one</u> flight of stairs *csstair*	1 ☐	2 ☐	3 ☐	9998 ☐
f. Bending, kneeling, or stooping *bdknstp*	1 ☐	2 ☐	3 ☐	9998 ☐
g. Walking <u>more than a mile</u> *wlkml*	1 ☐	2 ☐	3 ☐	9998 ☐
h. Walking <u>several hundred yards</u> *wlkyd*	1 ☐	2 ☐	3 ☐	9998 ☐

Quality of Life Questionnaire (SF-36v2 Health Survey)

	Yes, limited a lot	Yes, limited a little	No, not limited at all	Missing
i. Walking one hundred yards *wlkoyd*	1 ☐	2 ☐	3 ☐	9998 ☐
j. Bathing or dressing yourself *bthdrs*	1 ☐	2 ☐	3 ☐	9998 ☐

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health ?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Missing
a. Cut down on the amount of time you spent on work or other activities *cuttm*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
b. Accomplished less than you would have liked *dolss*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
c. Were limited in the kind of work or other activities *lmtknd*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
d. Had difficulty performing the work or other activities (for example, it took extra effort) *dffwrk*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐

5. During the past 4 weeks, how much of the time 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)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Missing
a. Cut down the amount of time you spent on work or other activities *ecuttm*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
b. Accomplished less than you would like *edolss*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
c. Did your work or activities less carefully than usual *elsscr*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐

6. 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? *extent*

Not at all	Slightly	Moderately	Quite a bit	Extremely	Missing
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐

Quality of Life Questionnaire (SF-36v2 Health Survey)

7. How much bodily pain have you had during the past 4 weeks? *pnxtnt*

None	Very mild	Mild	Moderate	Severe	Very severe	Missing
1 ☐	2 ☐	3 ☐	4☐	5 ☐	6 ☐	9998 ☐

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

Not at all	Slightly	Moderately	Quite a bit	Extremely	Missing
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐

9. 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.

How much of the time during the Past 4 weeks….	All of the time	Most of the time	Some of the time	A little of the time	None of the time	Missing
a. Did you feel full of life? *flife*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
b. Have you been very nervous? *nervs*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
c. Have you felt so down in the dumps that nothing could cheer you up? *edown*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
d. Have you felt calm and peaceful? *ecalm*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
e. Did you have a lot of energy? *fenrgy*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
f. Have you felt downhearted and depressed? *edprss*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
g. Did you feel worn out? *wrnout*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
h. Have you been happy? *ehppy*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
i. Did you feel tired? *etred*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐

10. 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.)? *sinterf*

All of the time	Most of the time	Some of the time	A little of the time	None of the time	Missing
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐

Attention - DO NOT enter patient data on this form if the header does not contain *preprinted* CRISP ID number, clinical center ID, and visit number.

Participant ID:______________ *pkdid* **Clinical Center**: ___________ *pccn*
visit:

Quality of Life Questionnaire (SF-36v2 Health Survey)

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

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False	Missing
a. I seem to get sick a little easier than other people *esysck*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
b. I am as healthy as anybody I know *hlthy*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
c. I expect my health to get worse *hlthwrs*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐
d. My health is excellent *hlthgd*	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	9998 ☐

CRISP Member completing this form_______________________
cdidnum

Date Form Completed __ __/__ __/__ __ __ __
cddate

Data Entry Status: Please check to indicate that the above information has been entered ☐

Primary Entered by: ______________________________ Date: __ __/__ __/__ __ __ __ *dedate*
deidnum

Secondary Entered by: ___________________________ Date __ __/__ __/__ __ __ __