

FORM236
FSGS Novel Therapies (FONT-II)
Health Information Survey SF-36 Form (Form # 236)
Adults (> 18 years)

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1. Participant ID Number

PID

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2. Alpha Code

ALPHCD

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3. Visit Number

CPEVENT /
VISIT_NUMBER /
SUBEVENT_NUMBER

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4. Date Questionnaire Administered
(dd/mmm/yyyy)

VISDT

5. a. Does the participant speak a language that this form is available in? (0 = no, 1 = yes)___P_LANG

b. Is the participant mentally challenged preventing the SF-36 questionnaire from being completed? (0 = no, 1 = yes)___MCQUES
If yes, go to Q200.

6. What version was used?.....(1 = English, 2 = Spanish, 3 = French)___LANG

7. How was the survey administered? ..(1 = Self-administered, 2 = Interview-administered)___QADMIN

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.

8. In General, would you say your health is? __GH1
(1 = Excellent, 2 = Very good, 3 = Good, 4 = Fair, 5 = Poor)

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

10. Does your health now limit you in these activities? If so, how much?

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(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__PF1
 - b. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf__ PF2
 - c. Lifting or carrying groceries__PF3
 - d. Climbing **several** flights of stairs__PF4
 - e. Climbing one flight of stairs__PF5
 - f. Bending, kneeling, or stooping__PF6
 - g. Walking **more than a mile**.....__PF7
 - h. Walking **several blocks**.....__PF8
 - i. Walking **one block**__PF9
 - j. Bathing or dressing yourself__PF10
11. 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__RP1
 - b. **Accomplished less** than you would like__RP2
 - c. Were limited to the **kind** of work or other activities__RP3
 - d. Had difficulty performing the work or other activities.....__RP4
(for example, it took extra effort)
12. 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__RE1
 - b. **Accomplished less** than you would like__RE2
 - c. Did not do work or other activities **as carefully as usual**__RE3

- 13. 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? ___SF1
 - 1 = Not at all
 - 2 = Slightly
 - 3 = Moderately
 - 4 = Quite a bit
 - 5 = Extremely

- 14. How much bodily pain have you had during the past 4 weeks?..... ___BP1
 - 1 = None
 - 2 = Very Mild
 - 3 = Mild
 - 4 = Moderate
 - 5 = Severe
 - 6 = Very Severe

- 15. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?..... ___BP2
 - 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
- 16. How much of the time during the past 4 weeks:
 - a. Did you feel full of pep?.....___VT1
 - b. Have you been a very nervous person?___MH1
 - c. Have you felt so down in the dumps that nothing could cheer you up?.....___MH2
 - d. Have you felt calm and peaceful?.....___MH3
 - e. Did you have a lot of energy?.....___VT2
 - f. Have you felt downhearted and blue?___MH4

- g. Did you feel worn out?__VT3
 - h. Have you been a happy person?__MH5
 - i. Did you feel tired?__VT4
17. 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.)?__SF2
- 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
18. 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 __GH2
 - b. I am as healthy as anybody I know..... __GH3
 - c. I expect my health to get worse __GH4
 - d. My health is excellent..... __GH5

200. Date this form reviewed..... (dd/mmm/yyyy)_____/_____/_____

201. Username of person reviewing this form..... _____