

# Focal Segmental Glomerulosclerosis (FSGS) Clinical Trial Health Information Survey SF-36 Form (Form # 36)

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1. Participant ID Number

P ID

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2. Alpha Code

ALPH CD

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3. Visit Number

VISN SUBN

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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
8. If this form was interview-administered (Q7=2), for what primary reason was this done? INTVWR  
 1 = visual  
 2 = dexterity  
 3 = literacy  
 4 = comprehension  
 5 = participant/parent preference  
 6 = Study Coordinator preference  
 8 = not applicable
9. Setting where this form was completed? ..... SETTING  
 1 = completed in a clinical setting  
 2 = completed at participant's home by the participant  
 3 = completed at participant's home by a family member
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**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.

10. In General, would you say your health is? ..... GH1  
 (1 = Excellent, 2 = Very good, 3 = Good, 4 = Fair, 5 = Poor)
11. 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.

12. 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. .... 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

13. 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)

14. 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

15. 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

16. 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

17. 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

18. 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
19. 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

20. 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
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200. Date this form reviewed.....(dd/mmm/yyyy) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ COMPDT

201. Username of person reviewing this form..... \_\_\_\_\_ COMPBY

**Automatically stored:**

202. Date this form entered (dd/mmm/yyyy) (“Created On”)

203. Username of person entering this form (“By”)