

# The SF-12 Health Survey

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

| Subject ID | Month | Day | Year | Week |
|------------|-------|-----|------|------|
| 0          | 0     | 0   | 0    | 0    |
| 1          | 1     | 1   | 1    | 1    |
| 2          | 2     | 2   | 2    | 2    |
| 3          | 3     | 3   | 3    | 3    |
| 4          | 4     | 4   | 4    | 4    |
| 5          | 5     | 5   | 5    | 5    |
| 6          | 6     | 6   | 6    | 6    |
| 7          | 7     | 7   | 7    | 7    |
| 8          | 8     | 8   | 8    | 8    |
| 9          | 9     | 9   | 9    | 9    |

1. In general, would you say your health is:
- |           |           |      |      |      |
|-----------|-----------|------|------|------|
| Excellent | Very Good | Good | Fair | Poor |
| ①         | ②         | ③    | ④    | ⑤    |

The following items are about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT you in these activities? If so, how much?

- |  | Yes,<br>limited<br>a lot | Yes,<br>limited<br>a little | No, not<br>limited<br>at all |
|--|--------------------------|-----------------------------|------------------------------|
| 2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf _____ | ①                        | ②                           | ③                            |
| 3. Climbing several flights of stairs _____  | ①                        | ②                           | ③                            |

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?

- |   | Yes | No |
|---|-----|----|
| 4. ACCOMPLISHED LESS than you would like _____                | ①   | ②  |
| 5. Were limited in the KIND of work or other activities _____ | ①   | ②  |

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)?

- |   | Yes | No |
|---|-----|----|
| 6. ACCOMPLISHED LESS than you would like _____                  | ①   | ②  |
| 7. Did work or other activities LESS CAREFULLY THAN USUAL _____ | ①   | ②  |

8. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)?

- |            |              |            |             |           |
|------------|--------------|------------|-------------|-----------|
| Not at all | A little bit | Moderately | Quite a bit | Extremely |
| ①          | ②            | ③          | ④           | ⑤         |

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.

- |   | All of<br>the time | Most of<br>the time | A good<br>bit of<br>the time | Some of<br>the time | A little<br>of the<br>time | None of<br>the time |
|---|--------------------|---------------------|------------------------------|---------------------|----------------------------|---------------------|
| 9. Have you felt calm and peaceful?     | ①                  | ②                   | ③                            | ④                   | ⑤                          | ⑥                   |
| 10. Did you have a lot of energy?       | ①                  | ②                   | ③                            | ④                   | ⑤                          | ⑥                   |
| 11. Have you felt downhearted and blue? | ①                  | ②                   | ③                            | ④                   | ⑤                          | ⑥                   |

12. During the PAST 4 WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting friends, relatives, etc.)?

- |                    |                     |                     |                         |                     |
|--------------------|---------------------|---------------------|-------------------------|---------------------|
| All of<br>the time | Most of<br>the time | Some of<br>the time | A little of<br>the time | None of<br>the time |
| ①                  | ②                   | ③                   | ④                       | ⑤                   |