

**Participant ID:**

{pid}

**Date of Visit:**

{d\_form}

**Acrostic:**

{acrostic}

**Administered By:**

{compby}

**Visit Code:**

{visit\_code}

**Barcode:**

{barcode}

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

{sfhlth1}

- ( )
- (1) Excellent
- (2) Very good
- (3) Good
- (4) Fair
- (5) Poor

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

{sfhlth2}

- ( )
- (1) Much better now
- (2) Somewhat better
- (3) About the same
- (4) Somewhat worse
- (5) Much worse now

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

**a Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports**

{sfvig}

- (0)
- (1) Yes, limited a lot
- (2) Yes, limited a little
- (3) No, not limited at all

**b Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf**

{sfmod}

- (0)
- (1) Yes, limited a lot
- (2) Yes, limited a little
- (3) No, not limited at all

**c Lifting or carrying groceries**

{sflift}

- (0)
- (1) Yes, limited a lot
- (2) Yes, limited a little
- (3) No, not limited at all

**d Climbing several flights of stairs**

{sfsevf1}

- (0)
- (1) Yes, limited a lot
- (2) Yes, limited a little
- (3) No, not limited at all

**e Climbing one flight of stairs**

{sfonef1}

- (0)
- (1) Yes, limited a lot
- (2) Yes, limited a little
- (3) No, not limited at all

**f Bending, kneeling, or stooping**

{sfbend}

- (0)
- (1) Yes, limited a lot
- (2) Yes, limited a little
- (3) No, not limited at all

**g Walking more than a mile**

{sfwalk1}

- (0)
- (1) Yes, limited a lot
- (2) Yes, limited a little
- (3) No, not limited at all

**h Walking several hundred yards**

{sfwalk2}

- (0)
- (1) Yes, limited a lot
- (2) Yes, limited a little
- (3) No, not limited at all

**i Walking one hundred yards**

{sfwalk3}

- (0)
- (1) Yes, limited a lot
- (2) Yes, limited a little
- (3) No, not limited at all

**j Bathing or dressing yourself**

{sfbath}

- (0)
- (1) Yes, limited a lot
- (2) Yes, limited a little
- (3) No, not limited at all

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?

a Cut down on the amount of time you spent on work or other activities

{sfwork1}

- (0)
- (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

b Accomplished less than you would like

{sfless1}

- (0)
- (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

c Were limited in the kind of work or other activities

{sflimit}

- (0)
- (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

d Had difficulty performing the work or other activities (for example, it took extra effort)

{sfextra}

- (0)
- (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

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)?

a Cut down on the amount of time you spend on work or other activities

{sfwork2}

- (0)
- (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

b Accomplished less than you would like

{sfless2}

- (0)
- (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

c Did work or other activities less carefully than usual

{sflscare}

- (0) All of the time
- (1) Most of the time
- (2) Some of the time
- (3) A little of the time
- (4) None of the time

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?

{sfinterfer}

- (0) Not at all
- (1) Slightly
- (2) Moderately
- (3) Quite a bit
- (4) Extremely

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

{sfpain1}

- (0) None
- (1) Very mild
- (2) Mild
- (3) Moderate
- (4) Severe
- (5) Very severe

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

{sfpain2}

- (0) Not at all
- (1) A little bit
- (2) Moderately
- (3) Quite a bit
- (4) Extremely

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....

a Did you feel full of life?

{sffull}

- (0) All of the time
- (1) Most of the time
- (2) Some of the time
- (3) A little of the time
- (4) None of the time

b Have you been very nervous?

{sfnerv}

- (0) All of the time
- (1) Most of the time
- (2) Some of the time
- (3) A little of the time
- (4) None of the time

**c** Have you felt so down in the dumps nothing could cheer you up?

{sfdumps}

- (0)
- (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

**d** Have you felt calm and peaceful?

{sfcalm}

- (0)
- (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

**e** Did you have a lot of energy?

{sfenergy}

- (0)
- (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

**f** Have you felt downhearted and depressed?

{sfdep}

- (0)
- (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

**g** Did you feel worn out?

{sfwrnout}

- (0)
- (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

**h** Have you been happy?

{sfhappy}

- (0)
- (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

**i** Did you feel tired?

{sftired}

- (0)
- (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

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 friends, relatives, etc.)?

{sfsocial}

- (0)
- (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

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

a I seem to get sick a little easier than other people

{sfsick}

- (0)
- (1) Definitely true
- (2) Mostly true
- (3) Don't know
- (4) Mostly false
- (5) Definitely false

b I am as healthy as anybody I know

{sfashlth}

- (0)
- (1) Definitely true
- (2) Mostly true
- (3) Don't know
- (4) Mostly false
- (5) Definitely false

c I expect my health to get worse

{sfworse}


- (0)
- (1) Definitely true
- (2) Mostly true
- (3) Don't know
- (4) Mostly false
- (5) Definitely false

d My health is excellent

{sfexcel}

- (0)
- (1) Definitely true
- (2) Mostly true
- (3) Don't know
- (4) Mostly false
- (5) Definitely false

## My Health SF-36

PID:	ADMINISTERED BY: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
ACROSTIC:	
VISIT:	
DATE of VISIT: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / 20 <input type="checkbox"/> <input type="checkbox"/>	

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by checking the box that best represents your response.

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

Excellent

Very good

Good

Fair

Poor

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

Much better now than one year ago

Somewhat better now than one year ago

About the same as one year ago

Somewhat worse now than one year ago

Much worse now than one year ago

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

		Yes, limited a lot	Yes, limited a little	No, not limited at all
a.	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Climbing <b>several</b> flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Climbing <b>one</b> flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Continued...

		Yes, limited a lot	Yes, limited a little	No, not limited at all
f.	Bending, kneeling, or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Walking more than a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Walking several hundred yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Walking one hundred yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Bathing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
a.	Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Accomplished less that you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
a.	Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Accomplished less that you would like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Did work or other activities less carefully than usual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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?

- Not at all
- Slightly
- Moderately
- Quite a bit
- Extremely

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

- None
- Very mild
- Mild
- Moderate
- Severe
- Very severe

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

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
a.	Did you feel full of life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Have you been very nervous?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Have you felt so down in the dumps nothing could cheer you up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Did you have a lot of energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Continued ...

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
f.	Have you felt downhearted and depressed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Did you feel worn out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Have you been happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 friends, relatives, etc.)?

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

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

		Definitely true	Mostly true	Don't know	Mostly False	Definitely False
a.	I seem to get sick a little easier than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I am as healthy as anybody I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I expect my health to get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	My health is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>