36-item Short Form Survey (SF-36)

Name: _____ **Date:** _____

The SF-36 asks for your perspective on your health. The information gathered from this survey will help monitor how you feel and how well you can do certain activities. Please answer the questions thoroughly and honestly.

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

- ◯ 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?

- ◯ 1. Much better now than one year ago
- ◯ 2. Somewhat better now than one year ago
- ◯ 3. About the same
- ◯ 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. Does your health now limit you in these activities? If so, how much?

3. Vigorous activities, such as running, lifting heavy objects, and participating in strenuous sports.

- ◯ 1. Yes, limited a lot
- ◯ 2. Yes, limited a little
- ◯ 3. No, not limited at all

4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.

- ◯ 1. Yes, limited a lot
- ◯ 2. Yes, limited a little
- ◯ 3. No, not limited at all

5. Lifting or carrying groceries.

- ◯ 1. Yes, limited a lot
- ◯ 2. Yes, limited a little
- ◯ 3. No, not limited at all

6. Climbing several flights of stairs.

- ◯ 1. Yes, limited a lot
- ◯ 2. Yes, limited a little
- ◯ 3. No, not limited at all

7. Climbing one flight of stairs.

- ◯ 1. Yes, limited a lot
- ◯ 2. Yes, limited a little
- ◯ 3. No, not limited at all

8. Bending, kneeling, or stooping.

- ◯ 1. Yes, limited a lot
- ◯ 2. Yes, limited a little
- ◯ 3. No, not limited at all

9. Walking more than a mile.

- ◯ 1. Yes, limited a lot
- ◯ 2. Yes, limited a little
- ◯ 3. No, not limited at all

10. Walking several blocks.

- ◯ 1. Yes, limited a lot
- ◯ 2. Yes, limited a little
- ◯ 3. No, not limited at all

11. Walking one block.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

12. Bathing or dressing yourself.

1. Yes, limited a lot
2. Yes, limited a little
3. No, not limited at all

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?

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

1. Yes
2. No

14. Accomplished less than you would like.

1. Yes
2. No

15. Were limited in the kind of work or other activities.

1. Yes
2. No

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

1. Yes
2. No

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)?

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

1. Yes
2. No

18. Accomplished less than you would like.

1. Yes
2. No

19. Didn't do work or other activities as carefully as usual.

1. Yes
2. No

20. Emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

1. Not at all
2. Slightly
3. Moderately
4. Severe
5. Very severe

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

1. None
2. Very mild
3. Mild
4. Moderate
5. Severe
6. Very severe

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

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 last 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling.

23. Did you feel full of pep?

- 1. All 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

24. Have you been a very nervous person?

- 1. All 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

25. Have you felt so down in the dumps that nothing could cheer you up?

- 1. All 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

26. Have you felt calm and peaceful?

- 1. All 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

27. Did you have a lot of energy?

- 1. All 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

28. Have you felt downhearted and blue?

- 1. All 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

29. Did you feel worn out?

- 1. All 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

30. Have you been a happy person?

- 1. All 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

31. Did you feel tired?

- 1. All 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

32. 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.)?

- ◯ 1. All 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

How true or false is each of the following statements for you?

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

- ◯ 1. Definitely true
- ◯ 2. Mostly true
- ◯ 3. Don't know
- ◯ 4. Mostly false
- ◯ 5. Definitely false

34. I am as healthy as anybody I know.

- ◯ 1. Definitely true
- ◯ 2. Mostly true
- ◯ 3. Don't know
- ◯ 4. Mostly false
- ◯ 5. Definitely false

35. I expect my health to get worse

- ◯ 1. Definitely true
- ◯ 2. Mostly true
- ◯ 3. Don't know
- ◯ 4. Mostly false
- ◯ 5. Definitely false

36. My heart is excellent

- ◯ 1. Definitely true
- ◯ 2. Mostly true
- ◯ 3. Don't know
- ◯ 4. Mostly false
- ◯ 5. Definitely false

Total score:

Additional notes