

Date completed:

ID number:

Number of months post therapy: B 3 6 12 24 36

SHORT FORM-36 (SF-36) HEALTH SURVEY

Overview:

The Short-Form-36 (SF-36) Health Survey was developed by Dr John Ware and was derived from the Rand Corporation's Medical Outcomes Study (MOS). It is used as a general survey of health status and an outcome measure in clinical practice. It can also be used together with disease-specific instruments for patient evaluation. The survey may be self-administered or may be completed by an interviewer.

Instructions for self-administration

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.

The Short Form 36 Health Survey Instrument

- | | |
|--|---------------------|
| 1. In general, would you say your health is: | (Circle One Number) |
| Excellent | 1 |
| Very good | 2 |
| Good | 3 |
| Fair | 4 |
| Poor | 5 |
-
- | | |
|---|---------------------|
| 2. Compared to one year ago, how would you rate your health in general now? | (Circle One Number) |
| Much better now than one year ago | 1 |
| Somewhat better now than one year ago | 2 |
| About the same | 3 |
| Somewhat worse now than one year ago | 4 |
| Much worse now than one year ago | 5 |

Please turn over

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?

(Circle One Number on Each Line)

	Yes, limited a lot	Yes, limited a little	No, not limited at all
3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1	2	3
4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
5. Lifting or carrying groceries	1	2	3
6. Climbing several flights of stairs	1	2	3
7. Climbing one flight of stairs	1	2	3
8. Bending, kneeling, or stooping	1	2	3
9. Walking more than a mile	1	2	3
10. Walking several blocks	1	2	3
11. Walking one block	1	2	3
12. Bathing or dressing yourself	1	2	3

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?

(Circle One Number on Each Line)

	Yes	No
13. Cut down on the amount of time you spent on work or other activities	1	2
14. Accomplished less than you would like	1	2
15. Were limited in the kind of work or other activities	1	2
16. Had difficulty performing the work or other activities (for example, it took extra effort)	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)?

(Circle One Number on Each Line)

	Yes	No
17. Cut down on the amount of time you spent on work or other activities	1	2
18. Accomplished less than you would like	1	2
19. Didn't do work or other activities as carefully as usual	1	2

Short Form-36 (SF-36) Health Survey continued.

Please turn over

20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal school activities with family, friends, neighbors, or groups? (Circle One Number)

Not at all	1
Slightly	2
Moderately	3
Quite a bit	4
Extremely	5

21. How much bodily pain have you had during the past 4 weeks? (Circle One Number)

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

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

Not at all	1
Slightly	2
Moderately	3
Quite a bit	4
Extremely	5

Short Form-36 (SF-36) Health Survey continued.

Please turn over

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?

How much of the time during the past 4 weeks. . .

(Circle One Number on Each Line)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
23. Did you feel full of pep?	1	2	3	4	5	6
24. Have you been a very nervous person?	1	2	3	4	5	6
25. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
26. Have you felt calm and peaceful?	1	2	3	4	5	6
27. Did you have a lot of energy?	1	2	3	4	5	6
28. Have you felt downhearted and blue?	1	2	3	4	5	6
29. Did you feel worn out?	1	2	3	4	5	6
30. Have you been a happy person?	1	2	3	4	5	6
31. Did you feel tired?	1	2	3	4	5	6

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.)? (Circle One Number)

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	5

How TRUE or FALSE is *each* of the following statements for you?

(Circle One Number on Each Line)

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
33. I seem to get sick a little easier than other people	1	2	3	4	5
34. I am as healthy as anybody I know	1	2	3	4	5
35. I expect my health to get worse	1	2	3	4	5
36. My health is excellent	1	2	3	4	5

Short Form-36 (SF-36) Health Survey continued.