



SF-36
Health Status Questionnaire, Short Form 36
(Subject)

Study ID	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Time Point	<input type="text"/> <input type="text"/>	Staff ID	<input type="text"/> <input type="text"/> <input type="text"/>	Site ID	<input type="text"/> <input type="text"/>
Name Code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date Completed	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>	/	<input type="text"/> <input type="text"/>

Directions: Please use dark marks. Fill bubbles completely. Example: ●Yes ○No

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. *Thank you for completing this survey!*

For each of the following questions, please fill in the ONE bubble that best describes your answer.

In general, would you say your health is:

1. **Excellent** **Very Good** **Good** **Fair** **Poor**
- 1 ○ 2 ○ 3 ○ 4 ○ 5

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 |
| ○ 1 | ○ 2 | ○ 3 | ○ 4 | ○ 5 |

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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. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| b. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| c. Lifting or carrying groceries | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| d. Climbing <u>several</u> flights of stairs | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| e. Climbing <u>one</u> flight of stairs | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| f. Bending, kneeling, or stooping | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| g. Walking <u>more than a mile</u> | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| h. Walking <u>several hundred yards</u> | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| i. Walking <u>one hundred yards</u> | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |
| j. Bathing or dressing yourself | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 |





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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 <u>amount of time</u> you spent on work or other activities | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| b. <u>Accomplished less</u> than you would like | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| c. Were limited in the <u>kind</u> of work or other activities | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| d. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort) | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

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 <u>amount of time</u> you spent on work or other activities | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| b. <u>Accomplished less</u> than you would like | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| c. Did work or other activities <u>less carefully than usual</u> | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |





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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

 1

Slightly

 2

Moderately

 3

Quite a bit

 4

Extremely

 5

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

None

 1

Very Mild

 2

Mild

 3

Moderate

 4

Severe

 5

Very Severe

 6

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

 1

A little bit

 2

Moderately

 3

Quite a bit

 4

Extremely

 5



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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="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b. Have you been very nervous?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d. Have you felt calm and peaceful?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
e. Did you have a lot of energy?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
f. Have you felt downhearted and depressed?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
g. Did you feel worn out?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
h. Have you been happy?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
i. Did you feel tired?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

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
<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5





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11. How TRUE or FALSE is each of the following statements for 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="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| b. I am as healthy as anybody I know. | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| c. I expect my health to get worse. | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |
| d. My health is excellent. | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3 | <input type="radio"/> 4 | <input type="radio"/> 5 |

THANK YOU FOR COMPLETING THESE QUESTIONS!

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