SF-36v2 Health Survey   Date:

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 mark an **X** in the one box that best describes your answer.

Surname	First Name	Date of Birth (dd/mm/yyyy)

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
Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports………………………………	☐	☐	☐
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf……………………	☐	☐	☐
Lifting or carrying groceries………………	☐	☐	☐
Climbing several flights of stairs………	☐	☐	☐
Climbing one flight of stairs……………..	☐	☐	☐
Bending, kneeling or stooping…………	☐	☐	☐
Walking more than a mile………………..	☐	☐	☐
Walking several hundred yards………..	☐	☐	☐
Walking one hundred yards…………….	☐	☐	☐
Bathing or dressing yourself……………	☐	☐	☐

4. **During the** <u>past 4 weeks</u>**, how much of the time have you had any of the following problems with your work or other regular daily activities** <u>as a result of your physical health</u>**?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Cut down on the <u>amount of time</u> you spent on work or other activities……..	☐	☐	☐	☐	☐
<u>Accomplished less</u> than you would like…………………………………………….	☐	☐	☐	☐	☐
Were limited in the <u>kind</u> of work or other activities……………………………….	☐	☐	☐	☐	☐
Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort)…………………………………	☐	☐	☐	☐	☐

5. **During the** <u>past 4 weeks</u>**, how much of the time have you had any of the following problems with your work or other regular daily activities** <u>as a result of any emotional problems</u> **(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
Cut down on the <u>amount of time</u> you spent on work or other activities……..	☐	☐	☐	☐	☐
<u>Accomplished less</u> than you would like…………………………………………….	☐	☐	☐	☐	☐
Did work or other activities <u>less</u> <u>carefully than usual</u>…………………………..	☐	☐	☐	☐	☐

6. **During the** <u>past 4 weeks</u>**, 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** <u>bodily</u> **pain have you had during the** <u>past 4 weeks</u>**?**

None	Very mild	Mild	Moderate	Severe	Very Severe
☐	☐	☐	☐	☐	☐

8. During the <u>past 4 weeks</u>, how much did <u>pain</u> 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 <u>during the past 4 weeks</u>. 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 <u>past 4 weeks</u>…

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Did you feel full of life?........................	☐	☐	☐	☐	☐
Have you been very nervous?.............	☐	☐	☐	☐	☐
Have you felt so down in the dumps that nothing could cheer you up?.......	☐	☐	☐	☐	☐
Have you felt clam and peaceful?.......	☐	☐	☐	☐	☐
Did you have a lot of energy?..............	☐	☐	☐	☐	☐
Have you felt downhearted and depressed?..	☐	☐	☐	☐	☐
Did you feel worn out?........................	☐	☐	☐	☐	☐
Have you been happy?........................	☐	☐	☐	☐	☐
Did you feel tired?..............................	☐	☐	☐	☐	☐

10 During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> 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 <u>each</u> of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
I seem to get sick a little easier than other people……………..........................	☐	☐	☐	☐	☐
I am as healthy as anybody I know......	☐	☐	☐	☐	☐
I expect my health to get worse.........	☐	☐	☐	☐	☐
My health is excellent……………..........	☐	☐	☐	☐	☐

THANK YOU FOR COMPLETING THESE QUESTIONS!