

Comprehensive Sickle Cell Centers	SF-36 Health Survey		
Collaborative Data Project	Date Form Completed:	<input type="text" value="SF36:FORMDA"/> / <input type="text" value="SF36:FORMMO"/> / <input type="text" value="SF36:FORMYR"/> DD MMM YYYY	CSCC ID: {subject.name} Center code: {center.name} Hospital code: {center.hospital.name}

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities.

Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is: [Click on the box that best describes your answer.]

- | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Excellent | Very Good | Good | Fair | Poor |
| <input type="checkbox"/> (SF36:SFQ1) | <input type="checkbox"/> (SF36:SFQ1) | <input type="checkbox"/> (SF36:SFQ1) | <input type="checkbox"/> (SF36:SFQ1) | <input type="checkbox"/> (SF36:SFQ1) |

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 |
| <input type="checkbox"/> (SF36:SFQ2) | <input type="checkbox"/> (SF36:SFQ2) | <input type="checkbox"/> (SF36:SFQ2) | <input type="checkbox"/> (SF36:SFQ2) | <input type="checkbox"/> (SF36:SFQ2) |

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? [Select an option on each line.]

- | | 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="checkbox"/> (SF36:SFQ3A) | <input type="checkbox"/> (SF36:SFQ3A) | <input type="checkbox"/> (SF36:SFQ3A) |
| b. <u>Moderate Activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="checkbox"/> (SF36:SFQ3B) | <input type="checkbox"/> (SF36:SFQ3B) | <input type="checkbox"/> (SF36:SFQ3B) |
| c. <u>Lifting or carrying groceries</u> | <input type="checkbox"/> (SF36:SFQ3C) | <input type="checkbox"/> (SF36:SFQ3C) | <input type="checkbox"/> (SF36:SFQ3C) |
| d. <u>Climbing several flights of stairs</u> | <input type="checkbox"/> (SF36:SFQ3D) | <input type="checkbox"/> (SF36:SFQ3D) | <input type="checkbox"/> (SF36:SFQ3D) |
| e. <u>Climbing one flight of stairs</u> | <input type="checkbox"/> (SF36:SFQ3E) | <input type="checkbox"/> (SF36:SFQ3E) | <input type="checkbox"/> (SF36:SFQ3E) |
| f. <u>Bending, kneeling, or stooping</u> | <input type="checkbox"/> (SF36:SFQ3F) | <input type="checkbox"/> (SF36:SFQ3F) | <input type="checkbox"/> (SF36:SFQ3F) |
| g. <u>Walking more than a mile</u> | <input type="checkbox"/> (SF36:SFQ3G) | <input type="checkbox"/> (SF36:SFQ3G) | <input type="checkbox"/> (SF36:SFQ3G) |
| h. <u>Walking several hundred yards</u> | <input type="checkbox"/> (SF36:SFQ3H) | <input type="checkbox"/> (SF36:SFQ3H) | <input type="checkbox"/> (SF36:SFQ3H) |
| i. <u>Walking one hundred yards</u> | <input type="checkbox"/> (SF36:SFQ3I) | <input type="checkbox"/> (SF36:SFQ3I) | <input type="checkbox"/> (SF36:SFQ3I) |
| j. <u>Bathing or dressing yourself</u> | <input type="checkbox"/> (SF36:SFQ3J) | <input type="checkbox"/> (SF36:SFQ3J) | <input type="checkbox"/> (SF36:SFQ3J) |

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 (SF36:SFQ4A) (SF36:SFQ4A) (SF36:SFQ4A) (SF36:SFQ4A) (SF36:SFQ4A)
- b. Accomplished less than you would like (SF36:SFQ4B) (SF36:SFQ4B) (SF36:SFQ4B) (SF36:SFQ4B) (SF36:SFQ4B)
- c. Were limited in the kind of work or other activities (SF36:SFQ4C) (SF36:SFQ4C) (SF36:SFQ4C) (SF36:SFQ4C) (SF36:SFQ4C)
- d. Had difficulty performing the work or other activities (for example, it took extra effort) (SF36:SFQ4D) (SF36:SFQ4D) (SF36:SFQ4D) (SF36:SFQ4D) (SF36:SFQ4D)

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"/> (SF36:SFQ5A) | <input type="checkbox"/> (SF36:SFQ5A) | <input type="checkbox"/> (SF36:SFQ5A) | <input type="checkbox"/> (SF36:SFQ5A) | <input type="checkbox"/> (SF36:SFQ5A) |
| b. Accomplished less than you would like | <input type="checkbox"/> (SF36:SFQ5B) | <input type="checkbox"/> (SF36:SFQ5B) | <input type="checkbox"/> (SF36:SFQ5B) | <input type="checkbox"/> (SF36:SFQ5B) | <input type="checkbox"/> (SF36:SFQ5B) |
| c. Did work or activities less carefully than usual | <input type="checkbox"/> (SF36:SFQ5C) | <input type="checkbox"/> (SF36:SFQ5C) | <input type="checkbox"/> (SF36:SFQ5C) | <input type="checkbox"/> (SF36:SFQ5C) | <input type="checkbox"/> (SF36:SFQ5C) |

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 |
| <input type="checkbox"/> (SF36:SFQ6) | <input type="checkbox"/> (SF36:SFQ6) | <input type="checkbox"/> (SF36:SFQ6) | <input type="checkbox"/> (SF36:SFQ6) | <input type="checkbox"/> (SF36:SFQ6) |

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

- | | | | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| None | Very Mild | Mild | Moderate | Severe | Very Severe |
| <input type="checkbox"/> (SF36:SFQ7) | <input type="checkbox"/> (SF36:SFQ7) | <input type="checkbox"/> (SF36:SFQ7) | <input type="checkbox"/> (SF36:SFQ7) | <input type="checkbox"/> (SF36:SFQ7) | <input type="checkbox"/> (SF36:SFQ7) |

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 |
| <input type="checkbox"/> (SF36:SFQ8) | <input type="checkbox"/> (SF36:SFQ8) | <input type="checkbox"/> (SF36:SFQ8) | <input type="checkbox"/> (SF36:SFQ8) | <input type="checkbox"/> (SF36:SFQ8) |

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"/> (SF36:SFQ9A) | <input type="checkbox"/> (SF36:SFQ9A) | <input type="checkbox"/> (SF36:SFQ9A) | <input type="checkbox"/> (SF36:SFQ9A) | <input type="checkbox"/> (SF36:SFQ9A) |
| b. Have you been very nervous? | <input type="checkbox"/> (SF36:SFQ9B) | <input type="checkbox"/> (SF36:SFQ9B) | <input type="checkbox"/> (SF36:SFQ9B) | <input type="checkbox"/> (SF36:SFQ9B) | <input type="checkbox"/> (SF36:SFQ9B) |

- c. Have you felt so down in the dumps that nothing could cheer you up? (SF36:SFQ9C) (SF36:SFQ9C) (SF36:SFQ9C) (SF36:SFQ9C) (SF36:SFQ9C)
- d. Have you felt calm and peaceful? (SF36:SFQ9D) (SF36:SFQ9D) (SF36:SFQ9D) (SF36:SFQ9D) (SF36:SFQ9D)
- e. Did you have a lot of energy? (SF36:SFQ9E) (SF36:SFQ9E) (SF36:SFQ9E) (SF36:SFQ9E) (SF36:SFQ9E)
- f. Have you felt downhearted and depressed? (SF36:SFQ9F) (SF36:SFQ9F) (SF36:SFQ9F) (SF36:SFQ9F) (SF36:SFQ9F)
- g. Did you feel worn out? (SF36:SFQ9G) (SF36:SFQ9G) (SF36:SFQ9G) (SF36:SFQ9G) (SF36:SFQ9G)
- h. Have you been happy? (SF36:SFQ9H) (SF36:SFQ9H) (SF36:SFQ9H) (SF36:SFQ9H) (SF36:SFQ9H)
- i. Did you feel tired? (SF36:SFQ9I) (SF36:SFQ9I) (SF36:SFQ9I) (SF36:SFQ9I) (SF36:SFQ9I)

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="checkbox"/> (SF36:SFQ10) | <input type="checkbox"/> (SF36:SFQ10) | <input type="checkbox"/> (SF36:SFQ10) | <input type="checkbox"/> (SF36:SFQ10) | <input type="checkbox"/> (SF36:SFQ10) |

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="checkbox"/> (SF36:SFQ11A) | <input type="checkbox"/> (SF36:SFQ11A) | <input type="checkbox"/> (SF36:SFQ11A) | <input type="checkbox"/> (SF36:SFQ11A) | <input type="checkbox"/> (SF36:SFQ11A) |
| b. I am as healthy as anybody I know | <input type="checkbox"/> (SF36:SFQ11B) | <input type="checkbox"/> (SF36:SFQ11B) | <input type="checkbox"/> (SF36:SFQ11B) | <input type="checkbox"/> (SF36:SFQ11B) | <input type="checkbox"/> (SF36:SFQ11B) |
| c. I expect my health to get worse | <input type="checkbox"/> (SF36:SFQ11C) | <input type="checkbox"/> (SF36:SFQ11C) | <input type="checkbox"/> (SF36:SFQ11C) | <input type="checkbox"/> (SF36:SFQ11C) | <input type="checkbox"/> (SF36:SFQ11C) |
| d. My health is excellent | <input type="checkbox"/> (SF36:SFQ11D) | <input type="checkbox"/> (SF36:SFQ11D) | <input type="checkbox"/> (SF36:SFQ11D) | <input type="checkbox"/> (SF36:SFQ11D) | <input type="checkbox"/> (SF36:SFQ11D) |

Submit Query

Cancel

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