

<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; display: flex; align-items: center; justify-content: center;"> <span style="color: red; font-size: 10px;">x</span> Logo         </div>	<h2 style="margin: 0;">SF-36 Health Survey</h2>	<p><b>{visit.label}</b></p>
<p>Date of Assessment: <input type="text" value="SF36:ASMTDA"/> / <input type="text" value="SF36:ASMTMO"/> / <input type="text" value="SF36:ASMTYR"/></p> <p style="text-align: center; font-size: 8px;">Day                      Month                      Year</p>		<p><b>ID: {ID}</b></p>

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

- (SF36:SFQ1) Excellent   
  (SF36:SFQ1) Very good   
  (SF36:SFQ1) Good   
  (SF36:SFQ1) Fair   
  (SF36:SFQ1) Poor

2. **Compared to one year ago**, how would you rate your health in general **now**?

- (SF36:SFQ2) Much better now than 1 year ago   
  (SF36:SFQ2) Somewhat better now than 1 year ago   
  (SF36:SFQ2) About the same as 1 year ago   
  (SF36:SFQ2) Somewhat worse now than 1 year ago   
  (SF36:SFQ2) Much worse now than 1 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?

Activity	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <b>Vigorous activities</b> , such as running, lifting heavy objects, or participating in strenuous sports	<input type="checkbox"/> (SF36:SFQ3A)	<input type="checkbox"/> (SF36:SFQ3A)	<input type="checkbox"/> (SF36:SFQ3A)
b. <b>Moderate activities</b> , 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. Lifting or carrying groceries	<input type="checkbox"/> (SF36:SFQ3C)	<input type="checkbox"/> (SF36:SFQ3C)	<input type="checkbox"/> (SF36:SFQ3C)
d. Climbing <b>several</b> flights of stairs	<input type="checkbox"/> (SF36:SFQ3D)	<input type="checkbox"/> (SF36:SFQ3D)	<input type="checkbox"/> (SF36:SFQ3D)
e. Climbing <b>one</b> flight of stairs	<input type="checkbox"/> (SF36:SFQ3E)	<input type="checkbox"/> (SF36:SFQ3E)	<input type="checkbox"/> (SF36:SFQ3E)
f. Bending, kneeling, or stooping	<input type="checkbox"/> (SF36:SFQ3F)	<input type="checkbox"/> (SF36:SFQ3F)	<input type="checkbox"/> (SF36:SFQ3F)
g. Walking <b>more than a mile</b>	<input type="checkbox"/> (SF36:SFQ3G)	<input type="checkbox"/> (SF36:SFQ3G)	<input type="checkbox"/> (SF36:SFQ3G)
h. Walking <b>several hundred yards</b>	<input type="checkbox"/> (SF36:SFQ3H)	<input type="checkbox"/> (SF36:SFQ3H)	<input type="checkbox"/> (SF36:SFQ3H)
i. Walking <b>one hundred yards</b>	<input type="checkbox"/> (SF36:SFQ3I)	<input type="checkbox"/> (SF36:SFQ3I)	<input type="checkbox"/> (SF36:SFQ3I)
j. Bathing or dressing yourself	<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 <b>amount of time</b> you spent on work or other activities.	<input type="checkbox"/> (SF36:SFQ4A)	<input type="checkbox"/> (SF36:SFQ4A)	<input type="checkbox"/> (SF36:SFQ4A)	<input type="checkbox"/> (SF36:SFQ4A)	<input type="checkbox"/> (SF36:SFQ4A)
b. <b>Accomplished less</b> than you would like.	<input type="checkbox"/> (SF36:SFQ4B)	<input type="checkbox"/> (SF36:SFQ4B)	<input type="checkbox"/> (SF36:SFQ4B)	<input type="checkbox"/> (SF36:SFQ4B)	<input type="checkbox"/> (SF36:SFQ4B)
c. Were limited in the <b>kind</b> of work or other activities	<input type="checkbox"/> (SF36:SFQ4C)	<input type="checkbox"/> (SF36:SFQ4C)	<input type="checkbox"/> (SF36:SFQ4C)	<input type="checkbox"/> (SF36:SFQ4C)	<input type="checkbox"/> (SF36:SFQ4C)
d. Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort).	<input type="checkbox"/> (SF36:SFQ4D)	<input type="checkbox"/> (SF36:SFQ4D)	<input type="checkbox"/> (SF36:SFQ4D)	<input type="checkbox"/> (SF36:SFQ4D)	<input type="checkbox"/> (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 <b>amount of time</b> 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. <b>Accomplished less</b> 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 other activities <b>less carefully than usual</b> .	<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?

(SF36:SFQ6) Not at all    (SF36:SFQ6) Slightly    (SF36:SFQ6) Moderately    (SF36:SFQ6) Quite a bit    (SF36:SFQ6) Extremely

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

(SF36:SFQ7) None    (SF36:SFQ7) <sup>Very</sup><sub>mild</sub>    (SF36:SFQ7) Mild    (SF36:SFQ7) Moderate    (SF36:SFQ7) Severe    (SF36:SFQ7) <sup>Very</sup><sub>Severe</sub>

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

(SF36:SFQ8) <sup>Not at</sup><sub>all</sub>    (SF36:SFQ8) <sup>A little</sup><sub>bit</sub>    (SF36:SFQ8) Moderately    (SF36:SFQ8) <sup>Quite a</sup><sub>bit</sub>    (SF36:SFQ8) Extremely

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 <b>past 4 weeks</b> ...	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?	<input type="checkbox"/> (SF36:SFQ9C)	<input type="checkbox"/> (SF36:SFQ9C)	<input type="checkbox"/> (SF36:SFQ9C)	<input type="checkbox"/> (SF36:SFQ9C)	<input type="checkbox"/> (SF36:SFQ9C)
d. Have you felt calm and peaceful?	<input type="checkbox"/> (SF36:SFQ9D)	<input type="checkbox"/> (SF36:SFQ9D)	<input type="checkbox"/> (SF36:SFQ9D)	<input type="checkbox"/> (SF36:SFQ9D)	<input type="checkbox"/> (SF36:SFQ9D)
e. Did you have a lot of energy?	<input type="checkbox"/> (SF36:SFQ9E)	<input type="checkbox"/> (SF36:SFQ9E)	<input type="checkbox"/> (SF36:SFQ9E)	<input type="checkbox"/> (SF36:SFQ9E)	<input type="checkbox"/> (SF36:SFQ9E)
f. Have you felt downhearted and depressed?	<input type="checkbox"/> (SF36:SFQ9F)	<input type="checkbox"/> (SF36:SFQ9F)	<input type="checkbox"/> (SF36:SFQ9F)	<input type="checkbox"/> (SF36:SFQ9F)	<input type="checkbox"/> (SF36:SFQ9F)
g. Did you feel worn out?	<input type="checkbox"/> (SF36:SFQ9G)	<input type="checkbox"/> (SF36:SFQ9G)	<input type="checkbox"/> (SF36:SFQ9G)	<input type="checkbox"/> (SF36:SFQ9G)	<input type="checkbox"/> (SF36:SFQ9G)
h. Have you been happy?	<input type="checkbox"/> (SF36:SFQ9H)	<input type="checkbox"/> (SF36:SFQ9H)	<input type="checkbox"/> (SF36:SFQ9H)	<input type="checkbox"/> (SF36:SFQ9H)	<input type="checkbox"/> (SF36:SFQ9H)
i. Did you feel tired?	<input type="checkbox"/> (SF36:SFQ9I)	<input type="checkbox"/> (SF36:SFQ9I)	<input type="checkbox"/> (SF36:SFQ9I)	<input type="checkbox"/> (SF36:SFQ9I)	<input type="checkbox"/> (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.)?

(SF36:SFQ10) <sup>All of</sup><sub>the</sub>  
time    (SF36:SFQ10) <sup>Most of</sup><sub>the</sub>  
time    (SF36:SFQ10) <sup>Some of</sup>  
the time    (SF36:SFQ10) <sup>A little</sup>  
of the  
time    (SF36:SFQ10) <sup>None of</sup>  
the time

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

Statement	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)

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