SF-36 QUESTIONNAIRE

Name:____________________ Ref. Dr:___________________ Date:_______
ID#:___________________ Age:_______ Gender: M / F

Please answer the 36 questions of the Health Survey completely, honestly, and without interruptions.

GENERAL HEALTH:
In general, would you say your health is:
☐ Excellent ☐ Very Good ☐ Good ☐ Fair ☐ Poor

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
☐ Somewhat worse now than one year ago
☐ Much worse than one year ago

LIMITATIONS OF ACTIVITIES:
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?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.
☐ Yes, Limited a lot ☐ Yes, Limited a Little ☐ No, Not Limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
☐ Yes, Limited a Lot ☐ Yes, Limited a Little ☐ No, Not Limited at all

Lifting or carrying groceries
☐ Yes, Limited a Lot ☐ Yes, Limited a Little ☐ No, Not Limited at all

Climbing several flights of stairs
☐ Yes, Limited a Lot ☐ Yes, Limited a Little ☐ No, Not Limited at all

Climbing one flight of stairs
☐ Yes, Limited a Lot ☐ Yes, Limited a Little ☐ No, Not Limited at all

Bending, kneeling, or stooping
☐ Yes, Limited a Lot ☐ Yes, Limited a Little ☐ No, Not Limited at all

Walking more than a mile
☐ Yes, Limited a Lot ☐ Yes, Limited a Little ☐ No, Not Limited at all

Walking several blocks
☐ Yes, Limited a Lot ☐ Yes, Limited a Little ☐ No, Not Limited at all

Walking one block
☐ Yes, Limited a Lot ☐ Yes, Limited a Little ☐ No, Not Limited at all
Bathing or dressing yourself
☐ Yes, Limited a Lot  ☐ Yes, Limited a Little  ☐ No, Not Limited at all

PHYSICAL HEALTH PROBLEMS:
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 your physical health?

Cut down the amount of time you spent on work or other activities
☐ Yes  ☐ No

Accomplished less than you would like
☐ Yes  ☐ No

Were limited in the kind of work or other activities
☐ Yes  ☐ No

Had difficulty performing the work or other activities (for example, it took extra effort)
☐ Yes  ☐ No

EMOTIONAL HEALTH PROBLEMS:
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)?

Cut down the amount of time you spent on work or other activities
☐ Yes  ☐ No

Accomplished less than you would like
☐ Yes  ☐ No

Didn't do work or other activities as carefully as usual
☐ Yes  ☐ No

SOCIAL ACTIVITIES:
Emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?
☐ Not at all  ☐ Slightly  ☐ Moderately  ☐ Severe  ☐ Very Severe

PAIN:
How much bodily pain have you had during the past 4 weeks?
☐ None  ☐ Very Mild  ☐ Mild  ☐ Moderate  ☐ Severe  ☐ Very Severe

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
ENERGY AND EMOTIONS:
These questions are about how you feel and how things have been with you during the last 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling.

Did you feel full of pep?
☐ All of the time
☐ Most of the time
☐ A good Bit of the Time
☐ Some of the time
☐ A little bit of the time
☐ None of the Time

Have you been a very nervous person?
☐ All of the time
☐ Most of the time
☐ A good Bit of the Time
☐ Some of the time
☐ A little bit of the time
☐ None of the Time

Have you felt so down in the dumps that nothing could cheer you up?
☐ All of the time
☐ Most of the time
☐ A good Bit of the Time
☐ Some of the time
☐ A little bit of the time
☐ None of the Time

Have you felt calm and peaceful?
☐ All of the time
☐ Most of the time
☐ A good Bit of the Time
☐ Some of the time
☐ A little bit of the time
☐ None of the Time

Did you have a lot of energy?
☐ All of the time
☐ Most of the time
☐ A good Bit of the Time
☐ Some of the time
☐ A little bit of the time
☐ None of the Time
Have you felt downhearted and blue?
- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

Did you feel worn out?
- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

Have you been a happy person?
- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

Did you feel tired?
- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

SOCIAL ACTIVITIES:
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.)?
- All of the time
- Most of the time
- Some of the time
- A little bit of the time
- None of the Time
GENERAL HEALTH:
How true or false is each of the following statements for you?

I seem to get sick a little easier than other people
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

I am as healthy as anybody I know
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

I expect my health to get worse
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

My health is excellent
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false