

# 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