

# FOR TRAINING USE ONLY

## SF-36 QUESTIONNAIRE

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