

SF-12 v2

Patient Identification Information <input type="text"/>		
Date	(Outcomes.SF12Date) (dd-mmm-yyyy) <input type="text"/>	To print blank form Click here
Questionnaire assessment performed:	(Outcomes.SF12Performed) <input type="checkbox"/> Not performed <input type="checkbox"/> Performed/Completed	
Questionnaire mode	(Outcomes.SF12QuestionnaireMode) <input type="checkbox"/> Telephone interview <input type="checkbox"/> Postal questionnaire <input type="checkbox"/> Web-based completion <input type="checkbox"/> Personal interview	
<p>(Subject.SubjectID) SF-12®: This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.</p> <p>For each of the following questions, please select the one that best describes your answer.</p>		
1. In general, would you say your health is:		(Outcomes.SF12GenHlth) <input type="checkbox"/> 1 - Excellent <input type="checkbox"/> 2 - Very Good <input type="checkbox"/> 3 - Good <input type="checkbox"/> 4 - Fair <input type="checkbox"/> 5 - Poor
(Subject.SubjectID) 2. 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?		
2a. MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf:		(Outcomes.SF12HlthLmtModAct) <input type="checkbox"/> 1 - Yes, Limited A Lot <input type="checkbox"/> 2 - Yes, Limited A Little <input type="checkbox"/> 3 - No, Not Limited At All
2b. Climbing SEVERAL flights of stairs:		(Outcomes.SF12HlthLmtClimbSvrIFISair) <input type="checkbox"/> 1 - Yes, Limited A Lot <input type="checkbox"/> 2 - Yes, Limited A Little <input type="checkbox"/> 3 - No, Not Limited At All
(Subject.SubjectID) 3. During the PAST 4 WEEKS how much of the time have you had any of the following problems with your work or other regular activities AS A RESULT OF YOUR PHYSICAL HEALTH?		
3a. ACCOMPLISHED LESS than you would like:		(Outcomes.SF12PhyHlthLessAccomp) <input type="checkbox"/> 1 - All of the time <input type="checkbox"/> 2 - Most of the time <input type="checkbox"/> 3 - Some of the time <input type="checkbox"/> 4 - A little of the time <input type="checkbox"/> 5 - None of the time
3b. Were limited in the KIND of work or other activities:		(Outcomes.SF12PhyHlthLmtWrkAct) <input type="checkbox"/> 1 - All of the time <input type="checkbox"/> 2 - Most of the time <input type="checkbox"/> 3 - Some of the time <input type="checkbox"/> 4 - A little of the time <input type="checkbox"/> 5 - None of the time
(Subject.SubjectID) 4. During the PAST 4 WEEKS, how much time have you had any of the following problems with your work or daily activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?		
4a. ACCOMPLISHED LESS than you would like:		(Outcomes.SF12EmotProbLessAccomp)

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time

4b. Didn't do work or other activities LESS CAREFULLY than usual:

(Outcomes.SF12EmotProbWkLessCare)

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time

5. During the PAST 4 WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)?

(Outcomes.SF12PainInterfWrk) 1 - Not At All

- 2 - A Little Bit
- 3 - Moderately
- 4 - Quite A Bit
- 5 - Extremely

(Subject.SubjectID)

6. These questions are about how you feel and how things have been 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 –

6a. Have you felt calm and peaceful?

(Outcomes.SF12TimesFeelCalmPcful)

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time

6b. Did you have a lot of energy?

(Outcomes.SF12TimesFeelEnergetic)

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time

(Subject.SubjectID) 6c. Have you felt downhearted and low?

(Outcomes.SF12TimesFeelDown) 1 -

- All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time

(Subject.)

(Subject.SubjectID) 7. 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.)?

(Outcomes.SF12PhyEmotInterfSoc)

- 1 - All of the time
- 2 - Most of the time
- 3 - Some of the time
- 4 - A little of the time
- 5 - None of the time

Physical Functioning	(Outcomes.SF12ScorePF) Score	(Outcomes.SF12ScorePFNBS) Norm-Based Score
	<input type="text"/>	<input type="text"/>
Role-Physical (RP)	(Outcomes.SF12ScoreRP) <input type="text"/>	(Outcomes.SF12ScoreRPNBS) <input type="text"/>
Bodily Pain	(Outcomes.SF12ScoreBP) <input type="text"/>	(Outcomes.SF12ScoreBPNBS) <input type="text"/>
General Health (GH)	(Outcomes.SF12ScoreGH) <input type="text"/>	(Outcomes.SF12ScoreGHNBS) <input type="text"/>
Vitality	(Outcomes.SF12ScoreVT) <input type="text"/>	(Outcomes.SF12ScoreVTNBS) <input type="text"/>
Social Functioning	(Outcomes.SF12ScoreSF) <input type="text"/>	(Outcomes.SF12ScoreSFNBS) <input type="text"/>
Role-Emotional (RE)	(Outcomes.SF12ScoreRE) <input type="text"/>	(Outcomes.SF12ScoreRENBS) <input type="text"/>
Mental Health (MH)	(Outcomes.SF12ScoreMH) <input type="text"/>	(Outcomes.SF12ScoreHMNBS) <input type="text"/>
Physical Component Summary	(Outcomes.SF12ScorePCS) <input type="text"/>	
Mental Component Summary	(Outcomes.SF12ScoreMCS) <input type="text"/>	
SF-6D (Utility Index) Score	(Outcomes.SF12ScoreSF6D) <input type="text"/>	
SF-6D (Utility Index Release 2) Score	(Outcomes.SF12ScoreSF6DR2) <input type="text"/>	
Response Consistency Score	(Outcomes.SF12ScoreRCI) <input type="text"/>	
SF-12 Total Score:	(Outcomes.SF12TotalScore) <input type="text"/>	