

SF-36 v2

Patient Identification Information <input type="text"/>		
Date	(Outcomes.SF36Date) (dd-mmm-yyyy) <input type="text"/>	To print blank form Click here
Questionnaire assessment performed:	(Outcomes.SF36Performed) <input type="checkbox"/> Not performed <input type="checkbox"/> Performed/Completed	
Questionnaire mode	(Outcomes.SF36QuestionnaireMode) <input type="checkbox"/> Telephone interview <input type="checkbox"/> Postal questionnaire <input type="checkbox"/> Web-based completion <input type="checkbox"/> Personal interview	
SF-36®: 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. For each of the following questions, please select the one that best describes your answer.		
1. In general, would you say your health is:	(Outcomes.SF36GenHlth) <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	
2. COMPARED TO ONE YEAR AGO, how would you rate your health in general NOW?	(Outcomes.SF36HlthOneYrAgo) <input type="checkbox"/> 1 - Much better now than a year ago <input type="checkbox"/> 2 - Somewhat better now than a year ago <input type="checkbox"/> 3 - About the same as one year ago <input type="checkbox"/> 4 - Somewhat worse now than one year ago <input type="checkbox"/> 5 - Much worse now than one 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?		
3a. VIGOROUS ACTIVITIES, such as running lifting heavy objects, participating in strenuous sports	(Outcomes.SF36HlthLmtVigAct) <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.	
3b. MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	(Outcomes.SF36HlthLmtModAct) <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.	
3c. Lifting or carrying groceries	(Outcomes.SF36HlthLmtLiftCarry) <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.	
3d. Climbing SEVERAL flights of stairs	(Outcomes.SF36HlthLmtClimbSvriFISair) <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.	
3e. Climbing ONE flight of stairs	(Outcomes.SF36HlthLmtClimbOneFISair) <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.	
3f. Bending, kneeling or stooping	(Outcomes.SF36HlthLmtBendKneel) <input type="checkbox"/> 1 - Yes, limited a lot.	

3g. Walking MORE THAN a mile

- 2 - Yes, limited a little.
 3 - No, not limited at all.
(Outcomes.SF36HlthLmtWalkMile) 1 - Yes, limited a lot.

3h. Walking SEVERAL HUNDRED yards

- 2 - Yes, limited a little.
 3 - No, not limited at all.
(Outcomes.SF36HlthLmtWalkSvrlHndrdYards)
 1 - Yes, limited a lot.
 2 - Yes, limited a little.
 3 - No, not limited at all.

3i. Walking ONE HUNDRED yards

- (Outcomes.SF36HlthLmtWalkHndrdYards)
1 - Yes, limited a lot.
 2 - Yes, limited a little.
 3 - No, not limited at all.

3j. Bathing or dressing yourself

- (Outcomes.SF36HlthLmtBathDress) 1 - Yes, limited a lot.
 2 - Yes, limited a little.
 3 - No, not limited at all.

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 activities AS A RESULT OF YOUR PHYSICAL HEALTH?

4a. Cut down on the amount of time you spent on work/other activities

- (Outcomes.SF36PhysHlthCutTimeWrk) 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. Accomplished less than you would like

- (Outcomes.SF36PhysHlthLessAccomp) 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

4c. Were limited in the kind of work or other activities

- (Outcomes.SF36PhysHlthLmtWrkAct) 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

4d. Had difficulty performing work or other activities (for example, it took extra effort)

- (Outcomes.SF36PhysHlthDiffWrkAct) 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 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)?

5a. Cut down on the amount of time you spent on work or other activities

- (Outcomes.SF36EmtProbCutTimeWrk) 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

5b. Accomplished less than you would like

- (Outcomes.SF36EmotProbLessAccomp) 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

5c. Did work or other activities less carefully than usual

- (Outcomes.SF36EmtProbLessCare) 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

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?

(Outcomes.SF36PhysEmotInterfNormSoc)

1 - Not at all

2 - Slightly

3 - Moderately

4 - Quite a bit

5 - Extremely

7. How much BODILY pain have you had during the PAST 4 WEEKS?

(Outcomes.SF36LvlBodPain) 1 - None

2 - Very mild

3 - Mild

4 - Moderate

5 - Severe

6 - Very severe

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

(Outcomes.SF36PainInterfWrk) 1 - Not at all

2 - A little bit

3 - Moderately

4 - Quite a bit

5 - Extremely

9. 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

9a. Did you feel full of life?

(Outcomes.SF36TimesFeelFullLife) 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

9b. Have you been very nervous?

(Outcomes.SF36TimesFeelNerv) 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

9c. Have you felt so down in the dumps that nothing could cheer you up?

(Outcomes.SF36TimesFeelDumps) 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

9d. Have you felt calm and peaceful?

(Outcomes.SF36TimesFeelCalmPcful) 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

9e. Did you have a lot of energy?

(Outcomes.SF36TimesFeelEnergetic) 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

9f. Have you felt downhearted and low?

(Outcomes.SF36TimesFeelDown) 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

9g. Did you feel worn out?

(Outcomes.SF36TimesFeelWornOut) 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

9h. Have you been happy?

(Outcomes.SF36TimesFeelHappy) 1 - All of the time

2 - Most of the time

9i. Did you feel tired?

- 3 - Some of the time
 - 4 - A little of the time
 - 5 - None of the time
- (Outcomes.SF36TimesFeelTired) 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
- (Outcomes.SF36PhysEmotInterfSoc) 1 - All of the time

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 with friends, relatives, etc.)?

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

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

11a. I seem to get ill more easily than other people

- (Outcomes.SF36IllMoreEasily) 1 - Definitely true
- 2 - Mostly true
 - 3 - Don't know
 - 4 - Mostly false
 - 5 - Definitely false

11b. I am as healthy as anybody I know

- (Outcomes.SF36AsHlthy) 1 - Definitely true
- 2 - Mostly true
 - 3 - Don't know
 - 4 - Mostly false
 - 5 - Definitely false

11c. I expect my health to get worse

- (Outcomes.SF36ExpctWrseHlth) 1 - Definitely true
- 2 - Mostly true
 - 3 - Don't know
 - 4 - Mostly false
 - 5 - Definitely false

11d. My health is excellent

- (Outcomes.SF36HlthExclInt) 1 - Definitely true
- 2 - Mostly true
 - 3 - Don't know
 - 4 - Mostly false
 - 5 - Definitely false

Scoring

Physical Functioning	(Outcomes.SF36ScorePF) Score	(Outcomes.SF36ScorePFNBS) Norm-Based Score
Role-Physical (RP)	(Outcomes.SF36ScoreRP)	(Outcomes.SF36ScoreRPNBS)
Bodily Pain	(Outcomes.SF36ScoreBP)	(Outcomes.SF36ScoreBPNBS)
General health (GH)	(Outcomes.SF36ScoreGH)	(Outcomes.SF36ScoreGHNBS)
Vitality	(Outcomes.SF36ScoreVT)	(Outcomes.SF36ScoreVTNBS)
Social functioning	(Outcomes.SF36ScoreSF)	(Outcomes.SF36ScoreSFNBS)
Role-Emotional (RE)	(Outcomes.SF36ScoreRE)	(Outcomes.SF36ScoreRENBS)
Mental Health (MH)	(Outcomes.SF36ScoreMH)	(Outcomes.SF36ScoreHMNBS)
Physical Component Summary	(Outcomes.SF36ScorePCS)	
Mental Component Summary	(Outcomes.SF36ScoreMCS)	
SF-6D (Utility Index) Score	(Outcomes.SF36ScoreSF6D)	
SF-6D (Utility Index Release 2) Score	(Outcomes.SF36ScoreSF6DR2)	
Response Consistency Score	(Outcomes.SF36ScoreRCI)	