

	1 2 3 4 5 6 7 8 9 0	1 2 3 4 5 6 7 8 9 0	
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For administrative use only Institution Name

M M D D Y Y

	M	M	D	D	Y	Y
1	○	○	○	○	○	○
2	○	○	○	○	○	○
3	○	○	○	○	○	○
4	○	○	○	○	○	○
5	○	○	○	○	○	○
6	○	○	○	○	○	○
7	○	○	○	○	○	○
8	○	○	○	○	○	○
9	○	○	○	○	○	○
0	○	○	○	○	○	○

Patient Name

First MI Last

The MOS 36-ITEM SHORT-FORM HEALTH SURVEY (SF-36)

INSTRUCTIONS: 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. Write the date in the boxes above and shade the circles that correspond to the numbers. Answer every question by filling in exactly one circle.

Shade circles like this:

Not like this:

If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:
 - Excellent Very good Good Fair Poor
2. 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 as one year ago Somewhat worse than one year ago
 - Much worse now than one year ago.

3. 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?

(fill in one circle on each line)	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	○	○	○
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	○	○	○
c. Lifting or carrying groceries	○	○	○
d. Climbing several flights of stairs	○	○	○
e. Climbing one flight of stairs	○	○	○
f. Bending, kneeling, or stooping	○	○	○
g. Walking more than a mile	○	○	○
h. Walking several blocks	○	○	○
i. Walking one block	○	○	○
j. Bathing or dressing yourself	○	○	○

4. 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?

a. Cut down on the amount of time you spent on work or other activities	○ Yes	○ No
b. Accomplished less than you would like	○ Yes	○ No
c. Were limited in the kind of work or other activities	○ Yes	○ No
d. Had difficulty performing the work or other activities (for example, it took extra effort)	○ Yes	○ No

5. During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of any emotional problems (such as feeling depressed or anxious)?

a. Cut down the amount of time you spent on work or other activities	<input type="radio"/> Yes	<input type="radio"/> No
b. Accomplished less than you would like	<input type="radio"/> Yes	<input type="radio"/> No
c. Didn't do work or other activities as carefully as usual	<input type="radio"/> Yes	<input type="radio"/> No

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?

Not at all Slightly Moderately Quite a bit Extremely

7. How much bodily pain have you had during the past 4 weeks?

None Very mild Mild Moderate Severe 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)?

Not at all A little bit Moderately Quite a bit Extremely

9. These questions are about how you feel and how things have been with you 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-

(fill in one circle on each line)	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the time
a. Did you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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.)?

All of the time Most of the time Some of the time A little of the time None of the time

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

(fill in one circle on each line)	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am as healthy as anybody else	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My health is excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>