SF36

Today's Date:__________

Name: Last:________________________ First: _______________ Date of Birth: __________

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.

Please answer these questions by "check-marking" your choice. Please select only one choice for each item.

1- In general, would you say your health is:

☐ 1. Excellent ☐ 2. Very good ☐ 3. Good ☐ 4. Fair ☐ 5. Poor

2- <u>Compared to ONE YEAR AGO</u>, how would you rate your health in general <u>NOW</u>?

☐ 1. MUCH BETTER than one year ago.

☐ 2. Somewhat BETTER now than one year ago.

☐ 3. About the SAME as one year ago.

☐ 4. Somewhat WORSE now than one year ago.

☐ 5. 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?

Activities	**1. Yes, Limited A Lot**	**2. Yes, Limited A Little**	**3. No, Not Limited At All**
a) **Vigorous activities,** such as running, lifting heavy objects, participating in strenuous sports?	☐ 1. Yes, limited a lot	☐ 2. Yes, limited a little	☐ 3. No, not limited at all
b) **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	☐ 1. Yes, limited a lot	☐ 2. Yes, limited a little	☐ 3. No, not limited at all
c) Lifting or carrying groceries?	☐ 1. Yes, limited a lot	☐ 2. Yes, limited a little	☐ 3. No, not limited at all
d) Climbing **several flights** of stairs?	☐ 1. Yes, limited a lot	☐ 2. Yes, limited a little	☐ 3. No, not limited at all
e) Climbing **one** flight of stairs?	☐ 1. Yes, limited a lot	☐ 2. Yes, limited a little	☐ 3. No, not limited at all
f) Bending, kneeing or stooping?	☐ 1. Yes, limited a lot	☐ 2. Yes, limited a little	☐ 3. No, not limited at all
g) Walking **more than a mile**?	☐ 1. Yes, limited a lot	☐ 2. Yes, limited a little	☐ 3. No, not limited at all
h) Walking **several** blocks?	☐ 1. Yes, limited a lot	☐ 2. Yes, limited a little	☐ 3. No, not limited at all
i) Walking **one** block?	☐ 1. Yes, limited a lot	☐ 2. Yes, limited a little	☐ 3. No, not limited at all
j) Bathing or dressing yourself?	☐ 1. Yes, limited a lot	☐ 2. Yes, limited a little	☐ 3. No, not limited at all

4- During the **past 4 weeks**, have you had any of the following problems with your work or other regular activities *as a result of your physical health*?

	Yes	No
a) Cut down on the **amount of time** you spent on work or other activities?	☐ 1. yes	☐ 2. No
b) **Accomplished less** than you would like?	☐ 1. yes	☐ 2. No
c) Were limited in the **kind** of work or other activities?	☐ 1. yes	☐ 2. No
d) Had **difficulty** performing the work or other activities (for example it took extra effort)?	☐ 1. yes	☐ 2. No

5. 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)?

	Yes	No
a) Cut down on the **amount of time** you spent on work or other activities?	☐ 1. yes	☐ 2. No
b) **Accomplished less** than you would like?	☐ 1. yes	☐ 2. No
c) Didn't do work or other activities as **carefully** as usual?	☐ 1. yes	☐ 2. 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?

☐ 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**?

☐ 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)?

☐ 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 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…**

	1. All of the time	2. Most of the time	3. A good bit of the time	4. Some of the time	5. A little of the time	6. None of the time
a) Did you feel full of pep?	☐ 1. All of the time	☐ 2. Most of the time	☐ 3. A good bit of the time	☐ 4. Some of the time	☐ 5. A little of the time	☐ 6. None of the time
b) Have you been a very nervous person?	☐ 1. All of the time	☐ 2. Most of the time	☐ 3. A good bit of the time	☐ 4. Some of the time	☐ 5. A little of the time	☐ 6. None of the time
c) Have you felt so down in the dumps that nothing could cheer you up?	☐ 1. All of the time	☐ 2. Most of the time	☐ 3. A good bit of the time	☐ 4. Some of the time	☐ 5. A little of the time	☐ 6. None of the time
d) Have you felt calm and peaceful?	☐ 1. All of the time	☐ 2. Most of the time	☐ 3. A good bit of the time	☐ 4. Some of the time	☐ 5. A little of the time	☐ 6. None of the time
e) Did you have a lot of energy?	☐ 1. All of the time	☐ 2. Most of the time	☐ 3. A good bit of the time	☐ 4. Some of the time	☐ 5. A little of the time	☐ 6. None of the time
f) Have you felt downhearted and blue?	☐ 1. All of the time	☐ 2. Most of the time	☐ 3. A good bit of the time	☐ 4. Some of the time	☐ 5. A little of the time	☐ 6. None of the time
g) Do you feel worn out?	☐ 1. All of the time	☐ 2. Most of the time	☐ 3. A good bit of the time	☐ 4. Some of the time	☐ 5. A little of the time	☐ 6. None of the time
h) Have you been a happy person?	☐ 1. All of the time	☐ 2. Most of the time	☐ 3. A good bit of the time	☐ 4. Some of the time	☐ 5. A little of the time	☐ 6. None of the time
i) Did you feel tired?	☐ 1. All of the time	☐ 2. Most of the time	☐ 3. A good bit of the time	☐ 4. Some of the time	☐ 5. A little of the time	☐ 6. None of the time

10. During the **past 4 weeks**, how much of the time has your **<u>physical health</u> or <u>emotional problems</u>** interfered with your social activities (like visiting with friends, relatives, etc.)?

□ 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.

11. How TRUE or FALSE is **<u>each</u>** of the following statements for you?

	1. Definitely true	2. Mostly true	3. Don't know	4. Mostly false	5. Definitely false
a) I seem to get sick a little easier than other people?	□ 1. Definitely true	□ 2. Mostly true	□ 3. Don't know	□ 4. Mostly false	□ 5. Definitely false
b) I am as healthy as anybody I know?	□ 1. Definitely true	□ 2. Mostly true	□ 3. Don't know	□ 4. Mostly false	□ 5. Definitely false
c) I expect my health to get worse?	□ 1. Definitely true	□ 2. Mostly true	□ 3. Don't know	□ 4. Mostly false	□ 5. Definitely false
d) My health is excellent?	□ 1. Definitely true	□ 2. Mostly true	□ 3. Don't know	□ 4. Mostly false	□ 5. Definitely false

Thank you!

Initials: ____

SF-36v2 Extended Health Survey

Date: __________

Name: Last: ____________________ First: ____________ Date of Birth: ________

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities.

Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

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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 now than one year ago	Much worse now than one year ago
☐	☐	☐	☐	☐

3. The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

		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 hundred yards	☐	☐	☐
i	Walking one hundred yards	☐	☐	☐
j	Bathing or dressing yourself	☐	☐	☐

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 daily activities as a result of your physical health?

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a	Cut down on the amount of time you spent on work or other activities	☐	☐	☐	☐	☐
b	Accomplished less than you would like	☐	☐	☐	☐	☐
c	Were limited in the kind of work or other activities	☐	☐	☐	☐	☐
d	Had difficulty performing the work or other activities (for example, it took extra effort)	☐	☐	☐	☐	☐

5. During the past 4 weeks, how much of the time 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)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a Cut down on the amount of time you spent on work or other activities	☐	☐	☐	☐	☐
b Accomplished less than you would like	☐	☐	☐	☐	☐
c Did work or activities less carefully than usual	☐	☐	☐	☐	☐

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 <u>during the past 4 weeks</u>. 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 <u>past 4 weeks</u>...

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a	Did you feel full of life?	☐	☐	☐	☐	☐
b	Have you been very nervous?	☐	☐	☐	☐	☐
c	Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐
d	Have you felt calm and peaceful?	☐	☐	☐	☐	☐
e	Did you have a lot of energy?	☐	☐	☐	☐	☐
f	Have you felt downhearted and depressed?	☐	☐	☐	☐	☐
g	Did you feel worn out?	☐	☐	☐	☐	☐
h	Have you been happy?	☐	☐	☐	☐	☐
i	Did you feel tired?	☐	☐	☐	☐	☐

10. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting 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 <u>each</u> of the following statements for you?

		Definitely true	Mostly true	Don't know	Mostly false	Definitely false
A	I seem to get sick a little easier than other people	☐	☐	☐	☐	☐
B	I am as healthy as anybody I know	☐	☐	☐	☐	☐
C	I expect my health to get worse	☐	☐	☐	☐	☐
D	My health is excellent	☐	☐	☐	☐	☐

12. Please answer YES or NO for each of the following questions.

		Yes	No
a	In the past year, have you had 2 weeks or more during which you felt sad, blue or depressed; or when you lost all interest or pleasure in things that you usually care about or enjoyed?	☐	☐
b	Have you had 2 years or more in your like when you felt depressed or sad most days, even if you felt okay sometimes?	☐	☐
c	Have you felt depressed or sad much of the time in the past year?	☐	☐

Thank you for completing these questions!

University of Washington
Orthopaedics and Sports Medicine

IKDC SUBJECTIVE HEALTH ASSESSMENT

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. Answer every question by marking the answer as indicated. 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:

☐1 Excellent ☐2 Very good ☐3 Good ☐4 Fair ☐5 Poor

2. **Compared to one year ago**, how would you rate your health in general now?

☐1 Much better now than 1 year ago ☐2 Somewhat better now than 1 year ago ☐3 About the same as 1 year ago ☐4 Somewhat worse now than 1 year ago ☐5 Much worse than 1 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?

	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	☐1	☐2	☐3
b. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, playing golf	☐1	☐2	☐3
c. Lifting or carrying groceries	☐1	☐2	☐3
d. Climbing **several** flights of stairs	☐1	☐2	☐3
e. Climbing **one** flight of stairs	☐1	☐2	☐3
f. Bending, kneeling, or stooping	☐1	☐2	☐3
g. Walking **more than one mile**	☐1	☐2	☐3
h. Walking **several blocks**	☐1	☐2	☐3
i. Walking **one block**	☐1	☐2	☐3
j. Bathing or dressing self	☐1	☐2	☐3

4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular activities **as a result of your physical health**?

	Yes	No
a. Cut down on the **amount of time** you spend on work or other activities	☐1	☐2
b. **Accomplished less** than you would like	☐1	☐2
c. Were limited in the **kind** of work or other activities	☐1	☐2
d. Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐1	☐2

5. 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)?

	Yes	No
a. Cut down on the **amount of time** you spend on work or other activities	☐1	☐2
b. **Accomplished less** than you would like	☐1	☐2
c. Didn't do work or other activities as carefully as usual	☐1	☐2

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?

☐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**?

☐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)?

☐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 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**…

	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?	☐1	☐2	☐3	☐4	☐5	☐6
b. Have you been a very nervous person?	☐1	☐2	☐3	☐4	☐5	☐6
c. Have you felt so down in the dumps that nothing could cheer you up?	☐1	☐2	☐3	☐4	☐5	☐6
d. Have you felt calm and peaceful?	☐1	☐2	☐3	☐4	☐5	☐6
e. Did you have a lot of energy?	☐1	☐2	☐3	☐4	☐5	☐6
f. Have you felt downhearted and blue?	☐1	☐2	☐3	☐4	☐5	☐6
g. Did you feel worn out?	☐1	☐2	☐3	☐4	☐5	☐6
h. Have you been a happy person?	☐1	☐2	☐3	☐4	☐5	☐6
i. Did you feel tired?	☐1	☐2	☐3	☐4	☐5	☐6

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.)?

☐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

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

	Definitely true	**Mostly true**	**Don't know**	**Mostly false**	**Definitely false**
a. I seem to get sick a little easier than other people	☐1	☐2	☐3	☐4	☐5
b. I am as healthy as anybody I know	☐1	☐2	☐3	☐4	☐5
c. I expect my health to get worse	☐1	☐2	☐3	☐4	☐5
d. My health is excellent	☐1	☐2	☐3	☐4	☐5