

SF-35™ Health Survey

Instructions for completing the questionnaire: Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer carefully by circling the letter that best represents your response.

Patient Name: _____ Date: _____

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

- a. Excellent
- b. Very Good
- c. Good
- d. Fair
- e. Poor

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

- a. Much better now than a year ago
- b. Somewhat better now than a year ago
- c. About the same as one year ago
- d. Somewhat worse now than one year ago
- e. 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? For **each** activity, please check one of the following:

	Limited a lot	Limited a little	Not limited at all
Vigorous activities (Ex. Running, lifting heavy objects, participating in strenuous sports)			
Moderate activities (Ex. Moving a table, pushing a vacuum, bowling, or playing golf)			
Lifting or carrying groceries			
Climbing several flights of stairs			
Climbing one flight of stairs			
Bending, kneeling, or stooping			
Walking more than one mile			
Walking several blocks			
Walking one block			
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 the amount of time you spent on work or other activities? | Y | N |
| b. Accomplished less than you would like? | Y | N |
| c. Were limited in the kind of work or other activities? | Y | N |
| d. Had difficulty performing the work or other activities (Ex. Took extra time?) | Y | N |



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 (feeling depressed or anxious)?

- | | | |
|---|---|---|
| a. Cut down the amount of time you spent on work or other activities? | Y | N |
| b. Accomplished less than you would like? | Y | N |
| c. Didn't do work or other activities as careful as usual? | Y | N |

6. 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 come closest to the way you have been feeling.

	Not at all	Slightly	Moderately	Quite a bit	Extremely
To what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?					
How much bodily pain have you had?					
How much did pain interfere with your normal work (including work outside the home and housework?)					

7. 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 come closet to the way you have been feeling

	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
Did you feel full of pep?						
Have you been a very nervous person?						
Have you felt so down in the dumps nothing could cheer you up?						
Have you felt calm and peaceful?						
Did you have a lot of energy?						
Have you felt downhearted and blue?						
Did you feel worn out?						
Have you been a happy person?						
Did you feel tired?						
How much of the time has your physical health or emotional problems interfered with your social activities (Ex. Visiting friends, relatives, etc.)						

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

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