

SF-36 QUESTIONNAIRE

Name: _____

Ref. Dr: _____

Date: _____

ID#: _____

Age: _____

Gender: M / F

Please answer the 36 questions of the **Health Survey** completely, honestly, and without interruptions.

GENERAL HEALTH:

In general, would you say your health is:

☐ Excellent

☐ Very Good

☐ Good

☐ Fair

☐ Poor

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

☐ Somewhat worse now than one year ago

☐ Much worse than one year ago

LIMITATIONS OF ACTIVITIES:

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?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

☐ Yes, Limited a lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

Lifting or carrying groceries

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

Climbing several flights of stairs

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

Climbing one flight of stairs

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

Bending, kneeling, or stooping

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

Walking more than a mile

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

Walking several blocks

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all

Walking one block

☐ Yes, Limited a Lot

☐ Yes, Limited a Little

☐ No, Not Limited at all