SF-8™ Health Survey Form

Name: _____ * Record Date: _____

Division: _____ Care Start Date: _____

* Care Type: _____ * Score Type: _____

Physical Component Summary (PCS8):

Mental Component Summary (MCS8):

This survey asks for your views about your health during the past four weeks. 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 mark an ☒ in the one box that best describes your answer.

* 1. Overall, how would you rate your health during the past 4 weeks?

Excellent	Very Good	Good	Fair	Poor	Very Poor
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

* 2a. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

Not at All	Very Little	Somewhat	Quite a Lot	Could not do physical activities
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

* 2b.* If you could not walk or climb stairs during the past 4 weeks, how much did physical health problems limit your other usual physical activities?

Not at All	Very Little	Somewhat	Quite a Lot	Could not do physical activities
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

* 3. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

None at All	A little Bit	Some	Quite a Lot	Could not do daily work
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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

None	Very Mild	Mild	Moderate	Severe	Very Severe
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

* 5. During the past 4 weeks, how much energy did you have?

Very Much	Quite a Lot	Some	A Little	None
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

* 6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?

Not at All	Very Little	Somewhat	Quite a Lot	Could not do social activities
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

* 7. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed, or irritable)?

Not at All	Slightly	Moderately	Quite a Lot	Extremely
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

* 8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your work, school, or other daily activities?

Not at All	Very Little	Somewhat	Quite a Lot	Could not do daily activities
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

 *Item 2b is **not** part of the SF-8™ Health Survey.