**APPENDIX C**

SF-36 Version 2

**Your Health and Well-Being**

**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. *Thank you for completing this survey!***

**For each of the following questions, please mark an  in the one box that best describes your answer.**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Excellent | Very good | Good | Fair | Poor |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |

1. **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 |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |

1. **The following questions 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 road racing, lifting  heavy objects, participating in strenuous  sports 1 2 3 | | | |
| b Moderate activities, such as moving a table,  pushing a vacuum cleaner, bowling, or  playing 1 2 3 | | | |
| c Lifting or carrying groceries 1 2 3 | | | |
| d Propelling up several ramps with switchbacks 1 2 3 | | | |
| e Propelling up a fairly steep ramp 1 2 3 | | | |
| f Bending, kneeling, or stooping 1 2 3 | | | |
| g Pushing more than a mile 1 2 3 | | | |
| h Pushing several hundred yards 1 2 3 | | | |
| i Pushing one hundred yards 1 2 3 | | | |
| j Bathing or dressing yourself 1 2 3 | | | |

1. **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 1 2 3 4 5 | | | | | |
| bAccomplished less than you would like 1 2 3 4 5 | | | | | |
| c Were limited in the kind of work or other  activities 1 2 3 4 5 | | | | | |
| d Had difficulty performing the work or other  activities (for example, it took extra effort) 1 2 3 4 5 | | | | | |

1. **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 1 2 3 4 5 | | | | | |
| bAccomplished less than you would like 1 2 3 4 5 | | | | | |
| c Did work or other activities less carefully  than usual 1 2 3 4 5 | | | | | |

**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 |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |

1. **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 |

1. **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 |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |

1. **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 | Some of the time | A little of the time | None of the time |
|  |  |  |  |  |  |
| a Did you feel full of life? 1 2 3 4 5 | | | | | |
| bHave you been very nervous? 1 2 3 4 5 | | | | | |
| c Have you felt so down in the dumps  that nothing could cheer you up? 1 2 3 4 5 | | | | | |
| dHave you felt calm and peaceful? 1 2 3 4 5 | | | | | |
| eDid you have a lot of energy? 1 2 3 4 5 | | | | | |
| fHave you felt downhearted and  depressed? 1 2 3 4 5 | | | | | |
| gDid you feel worn out? 1 2 3 4 5 | | | | | |
| hHave you been happy? 1 2 3 4 5 | | | | | |
| iDid you feel tired? 1 2 3 4 5 | | | | | |

1. **During the past 4 weeks, how much of the time has your physical health or emotional problems 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 |
|  |  |  |  |  |
| 1 | 2 | 3 | 4 | 5 |

1. **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 | | | | | |
| bI 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 | | | | | |

***THANK YOU FOR COMPLETING THESE QUESTIONS!***