

SF-36v2™ Health Survey Standard

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(SF-36v2™ Health Survey Standard, United States (English))

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 select the one response that best describes your answer.

In general, would you say your health is:

Excellent

Very good

Good

Fair

Poor

In general, would you say your health is:

Excellent

Very good

Good

Fair

Poor

In general, would you say your health is:

Do you want to quit this questionnaire? If so, all your answers will be saved. Please confirm you want to quit.

CANCEL QUIT

Good

Fair

Poor

In general, would you say your health is:

Help

Once you have selected an answer:

- Select the **NEXT** button to proceed to the next screen;
- Select the **PREVIOUS** button to proceed to the previous screen;
- Select the **CLEAR** button to clear your answer.

This question is mandatory. You will not be able to select the **NEXT** button if you did not provide any answer.

You can put the questionnaire on hold by selecting the **QUIT** button at the top of the screen. All your answers will be saved.

To go back to the questionnaire please select the **CLOSE** button.

[CLOSE](#)

Fair

Poor

In general, would you say your health is:

This question is mandatory. Please provide an answer.

OK

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 as one year ago

Somewhat worse now than one year ago

Much worse now than one year ago

The following question is about activities you might do during a typical day.

Does your health now limit you in vigorous activities, such as running, lifting heavy objects, participating in strenuous sports? If so, how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

The following question is about activities you might do during a typical day.

Does your health now limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? If so, how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

The following question is about activities you might do during a typical day.

Does your health now limit you in lifting or carrying groceries?
If so, how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

The following question is about activities you might do during a typical day.

Does your health now limit you in climbing several flights of stairs? If so, how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

The following question is about activities you might do during a typical day.

Does your health now limit you in climbing one flight of stairs?
If so, how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

The following question is about activities you might do during a typical day.

Does your health now limit you in bending, kneeling, or stooping? If so, how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

The following question is about activities you might do during a typical day.

Does your health now limit you in walking more than a mile? If so, how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

The following question is about activities you might do during a typical day.

Does your health now limit you in walking several hundred yards? If so, how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

The following question is about activities you might do during a typical day.

Does your health now limit you in walking one hundred yards? If so, how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

The following question is about activities you might do during a typical day.

Does your health now limit you in bathing or dressing yourself?
If so, how much?

Yes, limited a lot

Yes, limited a little

No, not limited at all

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?

Cut down on the amount of time you spent on work or other 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

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?

Accomplished less than you would like 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

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?

Were limited in the kind of work or other 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

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?

Had difficulty performing the work or other activities as a result of your physical health (for example, it took extra effort)

All of the time

Most of the time

Some of the time

A little of the time

None of the time

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?

Cut down on the amount of time you spent on work or other 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

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?

Accomplished less than you would like 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

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?

Did work or other activities less carefully than usual 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

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

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

None

Very mild

Mild

Moderate

Severe

Very severe

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

This question is about how you feel and how things have been with you during the past 4 weeks. 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 did you feel full of life?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

This question is about how you feel and how things have been with you during the past 4 weeks. 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 have you been very nervous?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

This question is about how you feel and how things have been with you during the past 4 weeks. 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 have you felt so down in the dumps that nothing could cheer you up?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

This question is about how you feel and how things have been with you during the past 4 weeks. 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 have you felt calm and peaceful?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

This question is about how you feel and how things have been with you during the past 4 weeks. 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 did you have a lot of energy?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

This question is about how you feel and how things have been with you during the past 4 weeks. 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 have you felt downhearted and depressed?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

This question is about how you feel and how things have been with you during the past 4 weeks. 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 did you feel worn out?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

This question is about how you feel and how things have been with you during the past 4 weeks. 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 have you been happy?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

This question is about how you feel and how things have been with you during the past 4 weeks. 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 did you feel tired?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

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.)?

All of the time

Most of the time

Some of the time

A little of the time

None of the time

How TRUE or FALSE is the following statement for you?

I seem to get sick a little easier than other people.

Definitely true

Mostly true

Don't know

Mostly false

Definitely false

How TRUE or FALSE is the following statement for you?

I am as healthy as anybody I know.

Definitely true

Mostly true

Don't know

Mostly false

Definitely false

How TRUE or FALSE is the following statement for you?

I expect my health to get worse.

Definitely true

Mostly true

Don't know

Mostly false

Definitely false

How TRUE or FALSE is the following statement for you?

My health is excellent.

Definitely true

Mostly true

Don't know

Mostly false

Definitely false

Thank you for completing the questionnaire. Your answers will be kept confidential and are very important to the study.

If you want to review or change your answers, please select the **PREVIOUS** button below.

Once you select the **FINISH** button you will no longer be able to review or change your answers.

 CKJX839A12402 >  0001 >  0001-001 >  Baseline >  Questionnaire completed
Logged as 0001-001

Thank you! You have completed all the questionnaires.

EXIT



Technical information
this screen will not be displayed

Layout file	F.SF36.json (version 1)
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