
JDRF Artificial Pancreas Project Randomized Clinical Trial
SF-12v2 Health Survey Standard Version
tblASurveySF12

Patient ID: _____ **PtID**

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: **GenHealth**

Excellent	Very good	Good	Fair	Poor
▼	▼	▼	▼	▼
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

2. 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 Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf **ModActLimit**..... ☐₁ ☐₂ ☐₃
- ^b Climbing several flights of stairs **StairsLimit**..... ☐₁ ☐₂ ☐₃

3. 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 Accomplished less than you would like **AccompLessPh** ☐₁ ☐₂ ☐₃ ☐₄ ☐₅
- b Were limited in the kind of work or other activities **LimitedWorkPh** ☐₁ ☐₂ ☐₃ ☐₄ ☐₅

4. 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 Accomplished less than you would like ☐₁ ☐₂ ☐₃ ☐₄ ☐₅
- AccompLessEm**
- b Did work or other activities less carefully than usual ☐₁ ☐₂ ☐₃ ☐₄ ☐₅
- WorkLessCare**

5. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? **PainIntWork**

Not at all	A little bit	Moderately	Quite a bit	Extremely
▼	▼	▼	▼	▼
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

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 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 Have you felt calm and peaceful? ☐₁ ☐₂ ☐₃ ☐₄ ☐₅

FeelCalm

b Did you have a lot of energy? ☐₁ ☐₂ ☐₃ ☐₄ ☐₅

FeelEnergy

c Have you felt downhearted and depressed? ☐₁ ☐₂ ☐₃ ☐₄ ☐₅

FeelDep

7. 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.)? **ProbSocAct**

All of the time	Most of the time	Some of the time	A little of the time	None of the time
▼	▼	▼	▼	▼
<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅

Thank you for completing these questions!