

Section A: Your Health

The questions in this first section ask for your views about your health, and how your health affects how well you are able to do your usual activities.

For each question, please fill in the one circle that comes closest to the way you have been feeling.

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

SF12010

FMT_EVGGFP.

- ☐ Excellent
☐ Very good
☐ Good
☐ Fair
☐ Poor

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?

SF12020_A
SF12020_B

FMT_LIMITED_3CAT.
FMT_LIMITED_3CAT.

Yes,
limited
a lot

Yes,
limited
a little

No, not
limited
at all

2a. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.....

☐ ☐ ☐

2b. Climbing several flights of stairs.....

☐ ☐ ☐

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?

SF12030_A FMT_ALLTONONE_5CAT.
SF12030_B FMT_ALLTONONE_5CAT.

All of
the time

Most of
the time

Some of
the time

A little of
the time

None of
the time

3a. Accomplished less than you would like.....

☐ ☐ ☐ ☐ ☐

3b. Were limited in the kind of work or other activities.....

☐ ☐ ☐ ☐ ☐

Self-Administered Questionnaire (SAQ)

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)?

SF12040_A FMT_ALLTONONE_5CAT.
SF12040_B FMT_ALLTONONE_5CAT.

All of the time Most of the time Some of the time A little of the time None of the time

4a. Accomplished less than you would like..... ☐ ☐ ☐ ☐ ☐

4b. Did work or activities less carefully than usual..... ☐ ☐ ☐ ☐ ☐

5. 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 SF12050 FMT_PTSD.
☐ A little bit
☐ Moderately
☐ Quite a bit
☐ Extremely

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...

SF12060_A FMT_ALLTONONE_5CAT.
SF12060_B FMT_ALLTONONE_5CAT.
SF12060_C FMT_ALLTONONE_5CAT.

All of the time Most of the time Some of the time A little of the time None of the time

6a. Have you felt calm and peaceful..... ☐ ☐ ☐ ☐ ☐

6b. Did you have a lot of energy..... ☐ ☐ ☐ ☐ ☐

6c. Have you felt downhearted and depressed..... ☐ ☐ ☐ ☐ ☐

7. Has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?..... ☐ ☐ ☐ ☐ ☐

SF12070 FMT_ALLTONONE_5CAT.

Source: SF-12 Health Survey from Quality Metric Health Outcomes™