



36-Item Short Form Survey Instrument (SF-36)

RAND 36-Item Health Survey 1.0 Questionnaire Items

Choose one option for each questionnaire item.

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

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

2. Compared to one year ago, how would you rate your health in general now?

- 1- Much better now than one year ago
- 2- Somewhat better now than one year ago
- 3- About the same
- 4- Somewhat worse now than one year ago
- 5- Much worse now than one year ago

The following items 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 |
|--|----------------------------|-----------------------------|------------------------------|
| 3. Vigorous activities , such as running, lifting heavy objects, participating in strenuous sport | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 4. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 5. Lifting or carrying groceries | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 6. Climbing several flights of stairs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 7. Climbing one flight of stairs | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 8. Bending, kneeling, or stooping | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 9. Walking more than a mile | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 10. Walking several blocks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 11. Walking one block | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| 12. Bathing or dressing yourself | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

| | Yes | No |
|---|----------------------------|----------------------------|
| 13. Cut down the amount of time you spent on work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 14. Accomplished less than you would like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 15. Were limited in the kind of work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 16. Had difficulty performing the work or other activities (for example, it took extra effort) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

During the **past 4 weeks**, 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)?

| | Yes | No |
|--|----------------------------|----------------------------|
| 17. Cut down the amount of time you spent on work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 18. Accomplished less than you would like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |
| 19. Didn't do work or other activities as carefully as usual | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 |

20. 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?

- 1- Not at all
- 2- Slightly
- 3- Moderately
- 4- Quite a bit
- 5- Extremely

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

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

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

- 1- Not at all
- 2- Slightly
- 3- Moderately
- 4- Quite a bit
- 5- Extremely

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 | A good bit of the time | Some of the time | A little bit of the time | None of the time |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 23. Did you feel full of pep? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 24. Have you been a very nervous person? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 25. Have you felt so down in the dumps that nothing could cheer you up? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 26. Have you felt calm and peaceful? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 27. Did you have a lot of energy? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 28. Have you felt downhearted and blue? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 29. Did you feel worn out? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 30. Have you been a happy person? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| 31. Did you feel tired? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

32. 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.)?

- 1- All of the time
- 2- Most of the time
- 3- Some of the time
- 4- A little of the time
- 5- None of the time

How TRUE or FALSE is **each** of the following statements for you.

| | Definitely true | Mostly true | Not sure | Mostly false | Definitely false |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 33. I seem to get sick a little easier than other people | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 34. I am as healthy as anybody I know | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 35. I expect my health to get worse | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| 36. I have been feeling badly today | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |