

SF-12 Health Survey

NAME:

DATE:

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. **Answer each question by choosing just one answer.** If you are unsure how to answer a question, please give the best answer you can.

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

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

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 |
|----------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 2. 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 |
| 3. Climbing several flights of stairs. | <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 |
|----------------------------------------------------------|---------------------------------------|---------------------------------------|
| 4. Accomplished less than you would like. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 5. Were limited in the kind of work or other activities. | <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 |
|------------------------------------------------------|---------------------------------------|---------------------------------------|
| 6. Accomplished less than you would like. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |
| 7. Did work or activities less carefully than usual. | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ |

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

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

These questions are about how you have been feeling 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 of the time | None of the time |
|------------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| 9. Have you felt calm & 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 |
| 10. 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 |
| 11. Have you felt down-hearted 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 |

12. 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.)?

- 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

Patient name: _____ Date: _____

Visit type (circle one)
~~NEW~~ 6 week 3 month 6 month 12 month 24 month Other: _____

1970

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