

**OHTS Quality of Life: QL**  
**THE MOS 36-ITEM SHORT-FORM HEALTH SURVEY (SF-36)**

Patient ID: 

--	--

--	--	--	--	--

Visit Date: 

--	--

 / 

--	--

 / 

--	--

  
mm      dd      yy

**INSTRUCTIONS:** 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 every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

Was the SF-36 completed by telephone survey?       Yes     No

Coordinators Certification if SF-36 completed by telephone survey.      

--	--	--

1. In general, would you say your health is: (circle one)

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

2. Compared to one year ago, how would you rate your health now: (circle one)

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

### OHTS Quality of Life: QL

Patient ID:

Visit Date:   /   /    
mm dd yy

3. 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?

(circle one number on each line)

<b>ACTIVITIES</b>	<b>Yes, Limited A Lot</b>	<b>Yes, Limited A Little</b>	<b>No, Not Limited At All</b>
a. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing <b>several</b> flights of stairs	1	2	3
e. Climbing <b>one</b> flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking <b>more than a mile</b>	1	2	3
h. Walking <b>several blocks</b>	1	2	3
i. Walking <b>one block</b>	1	2	3
j. Bathing or dressing yourself	1	2	3

4. 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?

(circle one number on each line)

	<b>Yes</b>	<b>No</b>
a. Cut down the <b>amount of time</b> you spent on work or other activities	1	2
b. <b>Accomplished less</b> than you would like	1	2
c. Were limited in the <b>kind</b> of work or other activities	1	2
d. Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort)	1	2

### OHTS Quality of Life: QL

Patient ID:

Visit Date:   /   /    
mm dd yy

5. 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)?

(circle one number on each line)

	Yes	No
a. Cut down the <b>amount of time</b> you spent on work or other activities	1	2
b. <b>Accomplished less</b> than you would like	1	2
c. Didn't do work or other activities as <b>carefully</b> as usual	1	2

6. 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?

(circle one)

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

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

(circle one)

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

### OHTS Quality of Life: QL

Patient ID:

Visit Date:   /   /    
mm dd yy

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

(circle one)

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

9. 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 . . .

(circle one number on each line)

	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
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

### OHTS Quality of Life: QL

Patient ID:

Visit Date:   /   /    
mm dd yy

10. 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.)?

(circle one)

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

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

(circle one number on each line)

	<b>Definitely True</b>	<b>Mostly True</b>	<b>Don't Know</b>	<b>Mostly False</b>	<b>Definitely False</b>
a. I seem to get sick a little easier than other people.	1	2	3	4	5
b. I am as healthy as anybody I know.	1	2	3	4	5
c. I expect my health to get worse.	1	2	3	4	5
d. My health is excellent.	1	2	3	4	5