

Stern Chiropractic - SF 36 Health Survey

Name: _____

Date: _____

| INSTRUCTIONS: This set of questions 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. | | | | |
|--|---|--------------------------|-----------------------------|--------------------------|
| 1. | In general, would you say your health is: (Please tick one box.) | | | |
| | Excellent | <input type="checkbox"/> | | |
| | Very Good | <input type="checkbox"/> | | |
| | Good | <input type="checkbox"/> | | |
| | Fair | <input type="checkbox"/> | | |
| | Poor | <input type="checkbox"/> | | |
| 2. | Compared to one year ago, how would you rate your health in general <u>now</u> ? (Please tick one box.) | | | |
| | Much better than one year ago | <input type="checkbox"/> | | |
| | Somewhat better now than one year ago | <input type="checkbox"/> | | |
| | About the same as one year ago | <input type="checkbox"/> | | |
| | Somewhat worse now than one year ago | <input type="checkbox"/> | | |
| | Much worse now than one year ago | <input type="checkbox"/> | | |
| 3. | The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much? (Please circle one number on each line.) | | | |
| | <u>Activities</u> | Yes, Limited A Lot | Yes, Limited A Little | Not Limited At All |
| 3(a) | Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports | 1 | 2 | 3 |
| 3(b) | Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | 1 | 2 | 3 |
| 3(c) | Lifting or carrying groceries | 1 | 2 | 3 |
| 3(d) | Climbing several flights of stairs | 1 | 2 | 3 |
| 3(e) | Climbing one flight of stairs | 1 | 2 | 3 |
| 3(f) | Bending, kneeling, or stooping | 1 | 2 | 3 |
| 3(g) | Waling more than a mile | 1 | 2 | 3 |
| 3(h) | Walking several blocks | 1 | 2 | 3 |
| 3(i) | Walking one block | 1 | 2 | 3 |
| 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 <u>your physical health</u> ? (Please circle one number on each line.) | | | |
| | | Yes | No | |
| 4(a) | Cut down on the amount of time you spent on work or other activities | 1 | 2 | |
| 4(b) | Accomplished less than you would like | 1 | 2 | |
| 4(c) | Were limited in the kind of work or other activities | 1 | 2 | |
| 4(d) | Had difficulty performing the work or other activities (for example, it took extra effort) | 1 | 2 | |
| 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 <u>any emotional problems</u> (e.g. feeling depressed or anxious)? (Please circle one number on each line.) | | | |
| | | Yes | No | |
| 5(a) | Cut down on the amount of time you spent on work or other activities | 1 | 2 | |
| 5(b) | Accomplished less than you would like | 1 | 2 | |
| 5(c) | Didn't do work or other activities as carefully as usual | 1 | 2 | |

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|-------|---|--------------------------------|---------------------------------|---------------------------------------|---------------------------------|-------------------------------------|---------------------------------|
| 6. | <p>During the <u>past 4 weeks</u>, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups? (Please tick one box.)</p> <p>Not at all <input type="checkbox"/></p> <p>Slightly <input type="checkbox"/></p> <p>Moderately <input type="checkbox"/></p> <p>Quite a bit <input type="checkbox"/></p> <p>Extremely <input type="checkbox"/></p> | | | | | | |
| 7. | <p>How much <u>physical</u> pain have you had during the <u>past 4 weeks</u>? (Please tick one box.)</p> <p>None <input type="checkbox"/></p> <p>Very mild <input type="checkbox"/></p> <p>Mild <input type="checkbox"/></p> <p>Moderate <input type="checkbox"/></p> <p>Severe <input type="checkbox"/></p> <p>Very Severe <input type="checkbox"/></p> | | | | | | |
| 8. | <p>During the <u>past 4 weeks</u>, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)? (Please tick one box.)</p> <p>Not at all <input type="checkbox"/></p> <p>A little bit <input type="checkbox"/></p> <p>Moderately <input type="checkbox"/></p> <p>Quite a bit <input type="checkbox"/></p> <p>Extremely <input type="checkbox"/></p> | | | | | | |
| 9. | <p>These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. Please give the one answer that is closest to the way you have been feeling for each item.</p> <p>(Please circle one number on each line.)</p> | | | | | | |
| | | 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(a) | Did you feel full of life? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(b) | Have you been a very nervous person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(c) | Have you felt so down in the dumps that nothing could cheer you up? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(d) | Have you felt calm and peaceful? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(e) | Did you have a lot of energy? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(f) | Have you felt downhearted and blue? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(g) | Did you feel worn out? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(h) | Have you been a happy person? | 1 | 2 | 3 | 4 | 5 | 6 |
| 9(i) | Did you feel tired? | 1 | 2 | 3 | 4 | 5 | 6 |
| 10. | <p>During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting with friends, relatives etc.) (Please tick one box.)</p> <p>All of the time <input type="checkbox"/></p> <p>Most of the time <input type="checkbox"/></p> <p>Some of the time <input type="checkbox"/></p> <p>A little of the time <input type="checkbox"/></p> <p>None of the time <input type="checkbox"/></p> | | | | | | |
| 11. | <p>How TRUE or FALSE is <u>each</u> of the following statements for you?</p> <p>(Please circle one number on each line.)</p> | | | | | | |
| | | Definitely True | Mostly True | Don't Know | Mostly False | Definitely False | |
| 11(a) | I seem to get sick a little easier than other people | 1 | 2 | 3 | 4 | 5 | |
| 11(b) | I am as healthy as anybody I know | 1 | 2 | 3 | 4 | 5 | |
| 11(c) | I expect my health to get worse | 1 | 2 | 3 | 4 | 5 | |
| 11(d) | My health is excellent | 1 | 2 | 3 | 4 | 5 | |