

QUESTIONNAIRE FOR FOLLOW-UP OF MEDICAL RESULTS (SF-36)

ABOUT: The SF-36 is an indicator of the general state of health.

ARTICLES: 10

RELIABILITY: Most of these studies that have examined the reliability of the SF_36 have exceeded 0.80. Reliability estimates in the physical and mental sections are usually greater than 0.90.

VALIDITY: The SF-36 is also well validated.

SCORE: The SF-36 has eight scaled scores; the scores are weighted sums of the questions in each section. Scores range from 0 to 100.

**LOWER SCORES = MORE DISABILITY,
HIGHER SCORES = LESS DISABILITY**

SECTIONS:

- VITALITY
- PHYSICAL FUNCTIONING
- BODY ACHE
- GENERAL PERCEPTIONS OF HEALTH
- FUNCTIONING OF THE PHYSICAL ROLE
- EMOTIONAL FUNCTIONING OF THE ROLE
- FUNCTIONING OF THE SOCIAL ROLE
- MENTAL HEALTH

REFERENCES:

- McHorney CA, Ware JE, Lu JFR, Sherbourne CD. [The MOS 36-Item Short-Form Health Survey \(SF-36®\): III. tests of data quality, scaling assumptions and reliability across diverse patient groups.](#) Med Care 1994; 32(4):40-66.
- Ware JE, Snow KK, Kosinski M, Gandek B. SF-36® Health Survey Manual and Interpretation Guide. Boston, MA: New England Medical Center, The Health Institute, 1993.
- Ware JE, Sherbourne CD. [The MOS 36-Item Short-Form Health Survey \(SF-36®\): I. conceptual framework and item selection.](#) Med Care 1992; 30(6):473-83.

This survey asks for your views on your health. This information will help you keep track of how you are feeling and how well you can do your usual activities.

FOR EACH OF THE FOLLOWING QUESTIONS, PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.

1. IN GENERAL, WOULD YOU SAY THAT YOUR HEALTH IS:

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

2. COMPARING IT WITH THE ONE OF A YEAR AGO:

Much better now than a year ago	1
Somewhat worse now than a year ago	1
Same as a year ago	1
Much worse now than a year ago	1

3. The following articles are about activities you can do during a typical day. Does your health now limit you in these activities? **If so, how much?**

PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.

	Yes very limited (1)	Yes a bit limited (2)	No, nothing limited (3)
Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports.	1	2	3
Moderate activities , such as moving a table, pushing a vacuum, go bowling or play golf.	1	2	3
Lifting weight or carrying food.	1	2	3
Climb several flights of stairs.	1	2	3
Up a flight of stairs.	1	2	3
Bend, kneel, or stoop.	1	2	3
Walking more than a kilometer.	1	2	3
Walking several blocks.	1	2	3
Walking one block.	1	2	3
Bathing or dressing.	1	2	3

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

PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.

	Yes (1)	No (2)
I have reduced the time I spend at work or other activities.	1	2
I have accomplished less than I would like.	1	2
I had some limitation in work or other activities.	1	2
I had difficulty and required an extra effort.	1	2

5. During the last 4 weeks, have you had any of the following problems at work or with other usual daily activities as a result of an emotional problem (such as feeling depressed or anxious)?

PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.

	Yes	No
I have reduced the amount of time I spend at work or doing other activities.	1	2
I have accomplished less than I would like.	1	2
I did not do work or other activities as carefully as usual.	1	2

6. During the past 4 weeks, to what extent have your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.

No way.	1
Slightly.	2
Moderately.	3
Quite.	4
Extremely.	5

7. How much body pain have you had in the last 4 weeks?

PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.

Nothing	1
Very soft	2
Soft	3
Moderate	4
Severe	5
Very severe	6

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

PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.

No way.	1
Slightly.	2
Moderately.	3
Quite.	4
Extremely.	5

These questions are about how you are feeling and how things have been going for you in the last 4 weeks. For each question, please give the answer that is closest to how you felt.

9. How much of the time during the last 4 weeks?

PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.

	All the time	Most of the time	Good part of the time	Part of the time	A small part of the time	No time
Did you feel full of energy?	1	2	3	4	5	6
Were you very nervous?	1	2	3	4	5	6
Have you felt so low that nothing could cheer you up?	1	2	3	4	5	6
Have you felt calm and at peace?	1	2	3	4	5	6
Did you have a lot of energy?	1	2	3	4	5	6
Have you felt downhearted and blue?	1	2	3	4	5	6
Did you feel exhausted?	1	2	3	4	5	6
Have you been a happy person?	1	2	3	4	5	6
Did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (such as visiting with friends, relatives, etc.)?

PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.

All the time.	1
Most of the time.	2
Part of the time.	3
A little of the time.	4
Nothing of time.	5

11. How much of the time during the last 4 weeks? ...

PLEASE CIRCLE THE NUMBER THAT BEST DESCRIBES YOUR ANSWER.

	Definitely right	Mostly true	Don't know	Mostly fake	Definitely fake
I seem to get sick a little more than other people.	1	2	3	4	5
I am as healthy as anyone you know.	1	2	3	4	5
I hope my health gets worse.	1	2	3	4	5
My health is excellent.	1	2	3	4	5

