

SF-6Dv2™ Health Survey

The next six questions ask about different aspects of your health. For each question, please select the one response that best describes your health.

QSTESTCD = SF6D201

1. Does your health now limit you in your physical activities?

No, not limited at all in <u>vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports.....	<input type="checkbox"/>	1
Yes, limited a little in <u>vigorous activities</u>	<input type="checkbox"/>	2
Yes, limited a little in <u>moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling or playing golf.....	<input type="checkbox"/>	3
Yes, limited a lot in <u>moderate activities</u>	<input type="checkbox"/>	4
Yes, limited a lot in <u>bathing or dressing yourself</u>	<input type="checkbox"/>	5

OSORRES

OSSTRESC/QSSTRESN

QSTESTCD = SF6D202

2. During the past week, how much of the time have you accomplished less than you would like at work or during other regular daily activities as a result of your physical health or emotional problems?

None of the time.....	<input type="checkbox"/>	1
A little of the time.....	<input type="checkbox"/>	2
Some of the time.....	<input type="checkbox"/>	3
Most of the time.....	<input type="checkbox"/>	4
All of the time.....	<input type="checkbox"/>	5

OSORRES

OSSTRESC/QSSTRESN

QSTESTCD = SF6D203

3. During the past week, how much bodily pain have you had?

None.....	<input type="checkbox"/>	1
Very mild pain.....	<input type="checkbox"/>	2
Mild pain.....	<input type="checkbox"/>	3
Moderate pain.....	<input type="checkbox"/>	4
Severe pain.....	<input type="checkbox"/>	5
Very severe pain.....	<input type="checkbox"/>	6

OSORRES

OSSTRESC/QSSTRESN

QSTESTCD = SF6D204

4. During the past week, how much of the time have you felt worn out?

None of the time.....	<input type="checkbox"/>	1
A little of the time.....	<input type="checkbox"/>	2
Some of the time.....	<input type="checkbox"/>	3
Most of the time.....	<input type="checkbox"/>	4
All of the time.....	<input type="checkbox"/>	5

OSSTRESC/QSSTRESN

QSTESTCD = SF6D205

5. During the past week, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

None of the time.....	<input type="checkbox"/>	1
A little of the time.....	<input type="checkbox"/>	2
Some of the time.....	<input type="checkbox"/>	3
Most of the time.....	<input type="checkbox"/>	4
All of the time.....	<input type="checkbox"/>	5

OSSTRESC/QSSTRESN

QSTESTCD = SF6D206

6. During the past week, how much of the time have you felt depressed or very nervous?

None of the time.....	<input type="checkbox"/>	1
A little of the time.....	<input type="checkbox"/>	2
Some of the time.....	<input type="checkbox"/>	3
Most of the time.....	<input type="checkbox"/>	4
All of the time.....	<input type="checkbox"/>	5

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