

**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 = SF6D101**

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 = SF6D102**

2. During the past 4 weeks, 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 = SF6D103**

3. During the past 4 weeks, 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 = SF6D104

4. During the past 4 weeks, 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

OSORRES →

← OSSTRESC/QSSTRESN

QSTESTCD = SF6D105

5. 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.)?

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 = SF6D106

6. During the past 4 weeks, 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

OSORRES →

← OSSTRESC/QSSTRESN

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