

QS (Questionnaire)

QSCAT = SF36 V2.0 ACUTE

Your Health and Well-Being

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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. Thank you for completing this survey!

For each of the following questions, please mark an in the one box that best describes your answer.

QSTESTCD = SF36401

1. In general, would you say your health is:

| | | | | | |
|-------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| QSORRES | Excellent | Very good | Good | Fair | Poor |
| | ▼ | ▼ | ▼ | ▼ | ▼ |
| QSSTRESC/QSSTRESN | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

QSTESTCD = SF36402

2. Compared to one week ago, how would you rate your health in general now?

QSEVLINT = -P1W

| | | | | | |
|-------------------|-----------------------------------|---------------------------------------|--------------------------------|--------------------------------------|----------------------------------|
| QSORRES | Much better now than one week ago | Somewhat better now than one week ago | About the same as one week ago | Somewhat worse now than one week ago | Much worse now than one week ago |
| | ▼ | ▼ | ▼ | ▼ | ▼ |
| QSSTRESC/QSSTRESN | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

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

QSTESTCD = SF36403A to SF36403J

QSORRES

| | | |
|--------------------------|-----------------------------|------------------------------|
| Yes, limited a lot | Yes, limited a little | No, not limited at all |
|--------------------------|-----------------------------|------------------------------|



- a Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports 1 2 3
- b Moderate activities, 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 several flights of stairs 1 2 3
- e Climbing one flight of stairs 1 2 3
- f Bending, kneeling, or stooping 1 2 3
- g Walking more than a mile..... 1 2 3
- h Walking several hundred yards 1 2 3
- i Walking one hundred yards 1 2 3
- j Bathing or dressing yourself 1 2 3

QSSTRESC/QSSTRESN

QSEVLINT = -P1W

4. During the past week, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

QSORRES

All of the time Most of the time Some of the time A little of the time None of the time

QSTESTCD = SF36404A to SF36404D

- a Cut down on the amount of time you spent on work or other activities..... 1..... 2..... 3..... 4..... 5
- b Accomplished less than you would like 1..... 2..... 3..... 4..... 5
- c Were limited in the kind of work or other activities 1..... 2..... 3..... 4..... 5
- d Had difficulty performing the work or other activities (for example, it took extra effort) 1..... 2..... 3..... 4..... 5

QSSTRESC/QSSTRESN

QSEVLINT = -P1W

5. During the past week, how much of the time 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)?

QSORRES

All of the time Most of the time Some of the time A little of the time None of the time

QSTESTCD = SF36405A to SF36405C

- a Cut down on the amount of time you spent on work or other activities..... 1..... 2..... 3..... 4..... 5
- b Accomplished less than you would like 1..... 2..... 3..... 4..... 5
- c Did work or other activities less carefully than usual..... 1..... 2..... 3..... 4..... 5

QSSTRESC/QSSTRESN

QSTESTCD = SF36406 QSEVLINT = -P1W

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

| | | | | | |
|---------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| QSORRES | Not at all | Slightly | Moderately | Quite a bit | Extremely |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

QSSTRESC/QSSTRESN

QSTESTCD = SF36407 QSEVLINT = -P1W

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

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

QSSTRESC/QSSTRESN

QSTESTCD = SF36408 QSEVLINT = -P1W

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

| | | | | | |
|---------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| QSORRES | Not at all | A little bit | Moderately | Quite a bit | Extremely |
| | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

QSSTRESC/QSSTRESN

9. These questions are about how you feel and how things have been with you during the past week. 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 week... **QSEVLINT = -P1W**

QSORRES

All of the time Most of the time Some of the time A little of the time None of the time

QSTESTCD = SF36409A to SF36409I

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

QSSTRESC/QSSTRESN

QSTESTCD = SF36410 **QSEVLINT = -P1W**

10. 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.)?

QSORRES

All of the time Most of the time Some of the time A little of the time None of the time

1 2 3 4 5

QSSTRESC/QSSTRESN

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

QSORRES

| | | | | |
|-----------------|-------------|------------|--------------|------------------|
| Definitely true | Mostly true | Don't know | Mostly false | Definitely false |
|-----------------|-------------|------------|--------------|------------------|



QSTESTCD = SF36411A to SF36411D

- 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

QSSTRESC/QSSTRESN

Thank you for completing these questions!