

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 = SF36301

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

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

QSSTRESC/QSSTRESN

QSTESTCD = SF36302

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

QSEVLINT = -P1Y

QSORRES	Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse now than one year ago
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

QSSTRESC/QSSTRESN

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?

QSORRES

Yes, limited a lot	Yes, limited a little	No, not limited at all
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QSTESTCD = SF36303A to SF36303J

- 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 = -P4W

4. During the past 4 weeks, 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 = SF36304A to SF36304D

- 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 = -P4W

5. During the past 4 weeks, 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 = SF36305A to SF36305C

- 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 = SF36306 QSEVLINT = -P4W

6. During the past 4 weeks, 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 = SF36307

QSEVLINT = -P4W

7. How much bodily pain have you had during the past 4 weeks?

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 = SF36308 QSEVLINT = -P4W

8. During the past 4 weeks, 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 4 weeks. 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 4 weeks... :QSEVLINT = -P4W:

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

:QSTESTCD = SF36309A to SF36309I:

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 = SF36310:

:QSEVLINT = -P4W:

10. 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.)?

QSORRES	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	▼	▼	▼	▼	▼
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 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
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QSTESTCD = SF36311A to SF36311D

- 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!