



Draft

**HEALTH STATUS QUESTIONNAIRE (SF-36) Page 1 of 2***(Information to be obtained from the patient)*

Protocol Number:	Patient IDE No.:	Patient Initials:	Exam Date (mm/dd/yyyy):
<b>P 0 1</b> - <b>0 4</b>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

**MARKONE:**  Preop       6 wks. postop       3 mo. postop       6 mo. postop  
 12 mos. postop       24 mos. postop       36 mo. postop       48 mo. postop

**INSTRUCTIONS:** 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. Answer every question by filling in the appropriate circle. If you are unsure about how to answer a question, please give the best answer you can. If you need to change an answer, draw a line through your original answer and then fill in the correct circle. Please place your initials and date by any change you make.

1. In general, would you say your health is: (mark only one)

<sub>1</sub> Excellent    <sub>2</sub> Very Good    <sub>3</sub> Good    <sub>4</sub> Fair    <sub>5</sub> Poor

2. **Compared to one year ago**, how would you rate your health in general **now**? (mark only one)

<sub>1</sub> Much better than 1 year ago    <sub>2</sub> Somewhat better than 1 year ago    <sub>3</sub> About the same than 1 year ago    <sub>4</sub> Somewhat worse than 1 year ago    <sub>5</sub> Much worse than 1 year ago

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (fill in only one circle on each line)

	Yes, Limited a Lot 1	Yes, Limited a Little 2	No, Not Limited At All 3
3. <b>Vigorous activities</b> such as running, lifting heavy objects, or participating in strenuous sports.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. <b>Moderate activities</b> such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Lifting or carrying groceries.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Climbing <b>several</b> flights of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Climbing <b>one</b> flight of stairs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Bending, kneeling, or stooping.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Walking <b>more than a mile</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Walking <b>several blocks</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Walking <b>one block</b> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Bathing or dressing yourself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? (fill in only one circle on each line)

	Yes 1	No 2
13. Cut down the <b>amount of time</b> you spent on work or other activities.	<input type="radio"/>	<input type="radio"/>
14. <b>Accomplished less</b> than you would like.	<input type="radio"/>	<input type="radio"/>
15. Were limited in the <b>kind</b> of work or other activities.	<input type="radio"/>	<input type="radio"/>
16. Had <b>difficulty</b> performing the work or other activities (e.g., it took extra effort)	<input type="radio"/>	<input type="radio"/>

During the **past 4 weeks**, 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)? (fill in only one circle on each line)

	Yes 1	No 2
17. Cut down the <b>amount of time</b> you spent on work or other activities?	<input type="radio"/>	<input type="radio"/>
18. <b>Accomplished less</b> than you would like?	<input type="radio"/>	<input type="radio"/>
19. Didn't do work or other activities as <b>carefully</b> as usual?	<input type="radio"/>	<input type="radio"/>

(continued)



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# HEALTH STATUS QUESTIONNAIRE (SF-36) Page 2 of 2

(Information to be obtained from the patient)

Protocol Number:

Patient IDE No.:

**P 0 1** - **0 4**

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Shade Circles Like This-->

Not Like This-->

- MARK ONE:**  Preop                       6 wks. postop                       3 mo. postop                       6 mo. postop  
 12 mos. postop                       24 mos. postop                       36 mo. postop                       48 mo. postop

20. 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? (mark only one)

- <sub>1</sub> Not at all                      <sub>2</sub> Slightly                      <sub>3</sub> Moderately                      <sub>4</sub> Quite a bit                      <sub>5</sub> Extremely

21. How much **bodily** pain have you had during the **past 4 weeks**? (mark only one)

- <sub>1</sub> None                      <sub>2</sub> Very mild                      <sub>3</sub> Mild                      <sub>4</sub> Moderate                      <sub>5</sub> Severe                      <sub>6</sub> Very Severe

22. During the **past 4 weeks** how much did **pain** interfere with your normal work (including both work outside the home and house work)? (mark only one)

- <sub>1</sub> Not at all                      <sub>2</sub> A little bit                      <sub>3</sub> Moderately                      <sub>4</sub> Quite a bit                      <sub>5</sub> Extremely

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 time **during the past 4 weeks**... (fill in only one circle on each line)

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
	1	2	3	4	5	6
23. Did you feel full of pep?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Have you been a very nervous person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. Did you feel worn out?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. Have you been a happy person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. Did you feel tired?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. 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.)? (mark only one)

- <sub>1</sub> Not at all                      <sub>2</sub> A little bit                      <sub>3</sub> Moderately                      <sub>4</sub> Quite a bit                      <sub>5</sub> Extremely

How **TRUE** or **FALSE** is **each** of the following statements for you? (fill in only one circle on each line)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
	1	2	3	4	5
33. I seem to get sick a little easier than other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. I am as healthy as anybody I know.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
35. I expect my health to get worse..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
36. My health is excellent.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Initials of Person Completing Form: 

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