



SF12 HEALTH SURVEY

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FORM CODE: SFH
VERSION: 3.0 11/07/2017

Event: _____

0a) Date of Collection / / 0b) Staff Code

Instructions: This form should be completed during the clinic visit. Please read each question carefully.

The first question is about your health now. Please try to answer as accurately as you can.

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

- Excellent₁
- Very good₂
- Good₃
- Fair₄
- Poor₅

Now, please think about the activities that you might do during a typical day. As you read each item, please select whether your health now limits you a lot, limits you a little, or does not limit you at all when doing these activities.

2a) ...moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all?

- Yes, Limited a lot₁
- Yes, Limited a little₂
- No, Not at all limited₃

2b) ...climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?

- Yes, Limited a lot₁
- Yes, Limited a little₂
- No, Not at all limited₃

The following two questions ask you about your physical health and your daily activities.

3a) During the past four weeks, how much of the time have you accomplished less than you would like as a result of your physical health?

- All of the time₁
- Most of the time₂
- Some of the time₃
- A little of the time₄
- None of the time₅

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3b) During the past four weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of your physical health?

- All of the time₁
- Most of the time₂
- Some of the time₃
- A little of the time₄
- None of the time₅

The following two questions ask you about your emotions and your daily activities.

4a) During the past four weeks, how much of the time have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious?

- All of the time₁
- Most of the time₂
- Some of the time₃
- A little of the time₄
- None of the time₅

4b) During the past four weeks, how much of the time were you limited in the kind of work or other regular daily activities you do as a result of any emotional problems, such as feeling depressed or anxious?

- All of the time₁
- Most of the time₂
- Some of the time₃
- A little of the time₄
- None of the time₅

5) During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all₁
- A little bit₂
- Moderately₃
- Quite a bit₄
- Extremely₅

The next four questions are about how you feel and how things have been with you during the past 4 weeks. As you read each statement, please select the one answer that comes closest to the way you have been feeling; is it all of the time, most of the time, some of the time, a little of the time, or none of the time?

6a) How much of the time during the past 4 weeks...have you felt calm and peaceful?

- All of the time₁
- Most of the time₂
- Some of the time₃
- A little of the time₄
- None of the time₅

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6b) How much of the time during the past 4 weeks...did you have a lot of energy?

- All of the time₁
- Most of the time₂
- Some of the time₃
- A little of the time₄
- None of the time₅

6c) How much of the time during the past 4 weeks...have you felt downhearted and depressed?

- All of the time₁
- Most of the time₂
- Some of the time₃
- A little of the time₄
- None of the time₅

7) How much of the time during the past 4 weeks...has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- All of the time₁
- Most of the time₂
- Some of the time₃
- A little of the time₄
- None of the time₅

END OF FORM