

Health Assessment Questionnaire (SF-36)

This questionnaire asks for your views about your health. Please tick, cross or circle what closely matches your current health and/or fitness. Please attempt ALL questions. There are no right or wrong answers.

PE	RSONAL DETAIL	S							
Fir	st Name:								
Su	rname:								
ID	No:								
Da	te:								
1.	In general, wou		ur hea	ılth is:					
	Poor	Fair			Good	Very God	od	Е	xcellent
2	Compared to o	ne vour ago h	OW W	ould voi	ı rate your g	eneral health	10W2		
	Much Worse	Somewhat W			ewhat the			Mu	ch Better
	Much worse Somewhat worse		Same		Somewhat much Better		Wideli Dettei		
					Jame	Better			
3.	The following of	uestions are a	bout	activitie	s you might	do during a ty	pical da	ay. Doe	es your
	health now limi			ties? If s	so, how muc	h?	-		
				No, no	t limited at all	Yes, limited	a little	Yes,	limited a lot
_	orous activities, su	•	_						
	ıvy objects, particip	pating in strenuou	S						
spc									
	derate activities su		able,						
-	shing a vacuum cle	aner, bowling, or							
•	ying golf								
	ng or carrying groo								
	nbing <u>several</u> fligh								
Climbing one flight of stairs									
	nding, kneeling or s								
	lking more than a								
	Iking several block	S							
	lking one block								
Dai	hing or dressing yo	Jursen							
4.	During the pas	t 4 weeks, how	, muc	h of the	time have vo	ou had any of	the follo	owina	problems
	with your work	•			•	•		······································	p. 0.0.101110
	-		None	e of the	A little of	Some of the	Most	of the	Almost all
			t	ime	the time	time	tin	ne	the time
a.	Cut down on the								
	you spent on wor activities	k or otner							
b.	Accomplished les	ss than you							
٠.	would like	,							
C.	Were limited in th	e kind of work							
	or other activities								
d.	Had difficulty perf	forming the							
	work or other actitook extra effort)	vides (E.y. Il							
	.son sand onorth								
_	Desired to the second	4	1	141 - 41			•		
5.	During the past work or other re								

None of the

time

A little of

the time

Some of the

time

Most of the

time

Almost all

the time

anxious)?

a.	Cut down on the amou you spent on work or o activities								
b.	Accomplished less that would like	n you							
C.	Did work or other activ carefully than usual	ities less							
	During the past 4 week						olems int	terfered with	
	your normal social ac	tivities with t	amily, triends, n	ieignbours,	or groups	5?			
	Not at all	Slightly	Mode	erately	Qui	te a bit	Almo	st all the time	
7. ŀ	low much bodily pain				ı	Severe	ı		
	None Ver	y Mild	Mild	Moder	Moderate		!	Very Severe	
	During the past 4 weel side the home and ho	•	did pain interfe	•		,	ding bot	h work	
N	ot at A Little	Mode	rately	Quite a bit			Extremely		
0 7	all These questions are a	haut haw yar	tool and how th	hings have l	hoon with	vou durin	a the nec	t 1 wooks For	
eac	these questions are a ch question, please given the time during the pa	ve the one an st 4 weeks	swer that come	s closest to	the way y	you have b	een feeli	ng. How much	
		Not at a	II Slightly	Mode	erately	Quite a	bit A	Imost all the time	
a.	Did you feel full of life?	,							
	Have you been very nervous?								
C.	Have you felt so down								
	in the dumps that								
	nothing could cheer								
	you up?	J							
	Have you felt calm and peaceful?	1							
e.	Did you have a lot of energy?								
f.	ve you felt								
	downhearted and								
	depressed?								
	Did you feel worn out?								
n.	Have you been happy' Did you feel tired?	<u> </u>							
1.	יים you reer tifed?								
10.	During the past 4 v interfered with your						or emoti	onal problems	
	Not at all	Slightly	Moderate	ly Qui	Quite a bit		all the	Not at all	
11.	How TRUE or FALSE					T			
		Definitely False	Mostly Fal	se Don	't Know	Mostly	True	Definitely True	
a.	I seem to get sick a little easier than other people								
b.	I am as healthy as								
C.	I expect my health to								
d.									
<u>~·</u>	,	1	<u> </u>			1		1	
c.	anybody I know I expect my health to get worse		444	**	۴-ħ				







