

SF-36 Health Survey [SF36]

Participant ID: - - -

Date: / /
 M M D D Y Y Y Y

Study Visit: BL Follow-Up 1 Follow-Up 2 Follow-Up 3 Follow-Up 4

Instructions: This survey asks 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. Please answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

NOTE: Please consider hearing loss as a part of your physical health.

1. In general, would you say your health is: [SF36_1]
 - Excellent
 - Very Good
 - Good
 - Fair
 - Poor

2. Compared to one year ago, how would you rate your health in general now? [SF36_2]
 - Much better now than one year ago
 - Somewhat better now than one year ago
 - About the same
 - Somewhat worse now than one year ago
 - Much worse now than one year ago

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? [SF36_3]

Activities	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. [SF36_3a]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling or playing golf. [SF36_3b]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Lifting or carrying groceries [SF36_3c]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Climbing several flights of stairs [SF36_3d]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Activities	Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
e. Climbing one flight of stairs [SF36_3e]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Bending, kneeling or stooping [SF36_3f]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Walking more than a mile [SF36_3g]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Walking several blocks [SF36_3h]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Walking one block [SF36_3i]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Bathing or dressing yourself [SF36_3j]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. 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? [SF36_4]

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	Yes	No
a. Cut down on the amount of time you spent on work or other activities [SF36_4a]	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like [SF36_4b]	<input type="radio"/>	<input type="radio"/>
c. Were limited in the kind of work or other activities [SF36_4c]	<input type="radio"/>	<input type="radio"/>
d. Had difficulty performing the work or other activities (for example, it took extra effort) [SF36_4d]	<input type="radio"/>	<input type="radio"/>

5. 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)? [SF36_5]

	Yes	No
a. Cut down on the amount of time you spent on work or other activities [SF36_5a]	<input type="radio"/>	<input type="radio"/>
b. Accomplished less than you would like [SF36_5b]	<input type="radio"/>	<input type="radio"/>
c. Didn't do work or other activities as carefully as usual [SF36_5c]	<input type="radio"/>	<input type="radio"/>

How much of the time during the past 4 weeks...

	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
d. Have you felt calm and peaceful? [SF36_9d]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you have a lot of energy? [SF36_9e]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Have you felt downhearted and blue? [SF36_9f]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you feel worn out? [SF36_9g]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Have you been a happy person? [SF36_9h]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Did you feel tired? [SF36_9i]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 friends, relatives, etc.)?

[SF36_10]

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

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11. How TRUE or FALSE is each of the following statement to you? [SF36_11]

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people [SF36_11a]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am as healthy as anybody I know [SF36_11b]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I expect my health to get worse [SF36_11c]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. My health is excellent [SF36_11d]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>