

SF-12 Health Survey

Patient Name _____

Date _____

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

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

2. 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?

	Yes, limited a lot	Yes, limited a little	No not limited at all
a. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Climbing several flights of stairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. 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**?

	Yes	No
a. Accomplished less than would like	<input type="radio"/>	<input type="radio"/>
b. Were limited in the kind of work or other activities	<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 any emotional problems (such as feeling depressed or anxious)?

	Yes	No
a. Accomplished less than would like	<input type="radio"/>	<input type="radio"/>
b. Didn't do work or other activities as carefully as usual	<input type="radio"/>	<input type="radio"/>

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 all A little bit Moderately Quite a bit Extremely

6. 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**...

	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
a. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. 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"/>
c. Have you felt down hearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. 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.)?

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