



# SF12v2 HEALTH SURVEY

ID NUMBER:

FORM CODE: SFH  
VERSION: 2.0 7/18/11

Visit Number

SEQ #

0a) Form Date .....   /   /

0b) Initials .....

**Instructions:** This form should be completed during the participant's visit. Please read the script exactly as written.

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 (Choose one number).....
- Excellent ..... 1
  - Very good ..... 2
  - Good..... 3
  - Fair ..... 4
  - Poor..... 5

Now I'm going to read a list of activities that you might do during a typical day.

As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in 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? [READ RESPONSE CHOICES].....

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]

(Choose one number)

- Yes, Limited a lot ..... 1
- Yes, Limited a little ..... 2
- No, Not at all limited. .... 3

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

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?]

(Choose one number)

- Yes, Limited a lot ..... 1
- Yes, Limited a little ..... 2
- No, Not at all limited. .... 3

ID NUMBER:									
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--	--

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--	--	--

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? [READ RESPONSE CHOICES] .....

(Choose one number)

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time ..... 3
- A little of the time ..... 4
- Or None of the time ..... 5

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?

[READ RESPONSE CHOICES] .....

(Choose one number)

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time ..... 3
- A little of the time ..... 4
- Or None of the time ..... 5

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?

[READ RESPONSE CHOICES] .....

(Choose one number)

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time ..... 3
- A little of the time ..... 4
- Or None of the time ..... 5

ID NUMBER:									
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Visit  
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--	--

SEQ #

--	--	--

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? [READ RESPONSE CHOICES] .....

(Choose one number)

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time..... 3
- A little of the time ..... 4
- Or None of the time..... 5

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

[READ RESPONSE CHOICES].....

(Choose one number)

- Not at all ..... 1
- A little bit ..... 2
- Moderately ..... 3
- Quite a bit ..... 4
- Or Extremely ..... 5

The next questions are about how you feel and how things have been with you during the past 4 weeks.

As I read each statement, please give me 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 four weeks...have you felt calm and peaceful? [READ RESPONSE CHOICES ONLY IF NECESSARY] (Choose one number) .....

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time..... 3
- A little of the time ..... 4
- Or None of the time..... 5

6b) How much of the time during the past four weeks...did you have a lot of energy? [READ RESPONSE CHOICES ONLY IF NECESSARY] (Choose one number) .....

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time..... 3
- A little of the time ..... 4
- Or None of the time..... 5

ID NUMBER:									
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6c) **How much of the time during the past four weeks...have you felt downhearted and depressed?**

[READ RESPONSE CHOICES ONLY IF NECESSARY] (Circle one number).....

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time..... 3
- A little of the time ..... 4
- Or None of the time..... 5

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.)?** [READ

RESPONSE CHOICES] (Choose one number) .....

- All of the time ..... 1
- Most of the time ..... 2
- Some of the time..... 3
- A little of the time ..... 4
- Or None of the time..... 5