

**RAND-36 (SF-36) HEALTH STATUS QUESTIONNAIRE**

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- |   |                          |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|   | Excellent                | Very Good                | Good                     | Fair                     | Poor                     |
| 1. In general, would you say your health is:                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   | Much better now          | Somewhat better now      | About the same           | Somewhat worse now       | Much worse now           |
| 2. Compared to one year ago, how would you rate your health in general now? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*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   |
| 3. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Lifting or carrying groceries.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Climbing several flights of stairs.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Climbing one flight of stairs.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Bending, kneeling or stooping  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Walking more than a mile.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Walking several blocks.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Walking one block.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Bathing or dressing yourself.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*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                       |
| 13. Cut down the amount of time you spent on work or other activities.                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Accomplished less than you would like.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Were limited in the kind of work or other activities.                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Had difficulty performing the work or other activities. (ie: it took extra effort) | <input type="checkbox"/> | <input type="checkbox"/> |

*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                       |
| 17. Cut down the amount of time you spent on work or other activities. | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Accomplished less than you would like.                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Didn't do work or other activities as carefully as usual.          | <input type="checkbox"/> | <input type="checkbox"/> |

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Not at all               | Slightly                 | Moderately               | Quite a bit              | Extremely                |
| 20. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- |   | None                     | Very mild                | Mild                     | Moderate                 | Severe                   | Very Severe              |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 21. How much bodily pain have you had during the past 4 weeks?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |                          | Not at all               | A little bit             | Moderately               | Quite a bit              | Extremely                |
| 22. During the past 4 weeks how much did pain interfere with your normal work (including both work outside the home and housework)? |                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*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         | Little of the time       | None of the time         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 23. Did you feel full of pep?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Have you been a very nervous person?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Have you felt so down in the dumps that nothing could cheer you up?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Have you felt calm and peaceful?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. Did you have a lot of energy?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Have you felt downhearted and blue?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Did you feel worn out?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Have you been a happy person?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Did you feel tired?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. During the past 4 weeks, how much of the time has your physical health or emotional health problems interfered with your social activities? (like visiting with friends, relatives, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*How TRUE or FALSE is each of the following statements for you?*

- |   | Definitely true          | Mostly true              | Don't know               | Mostly false             | Definitely false         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 33. I seem to get sick a little easier than other people. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. I am as healthy as anybody I know.                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. I expect my health to get worse.                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 36. My health is excellent.                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |