



# Home Monitoring for Early Detection of Chronic Disease Exacerbation.

OMB No. 2900-0770

Estimated Burden: 15 minutes

Expiration Date: 9/30/2020

**The Paperwork Reduction Act of 1995:** This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 15 minutes. This includes the time it will take to follow instructions, gather the necessary facts and respond to questions asked. Customer satisfaction is used to gauge customer perceptions of VA services as well as customer expectations and desires. The results of this telephone/mail survey will lead to improvements in the quality of service delivery by helping to achieve improved services. Participation in this survey is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

# SF-36 QUESTIONNAIRE

( 1992 -- Medical Outcomes Trust)

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

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

1. In general, would you say your health is: (circle one)

Excellent      Very good      Good      Fair      Poor

2. Compared to one year ago, how would you rate your health in general now? (circle one)

Much better now than one year ago.

Somewhat better now than one year ago.

About the same as one year ago.

Somewhat worse than one year ago.

Much worse than one year ago.

3. 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? (Mark each answer with an **X**)

<b><u>ACTIVITIES</u></b>	<b>Yes, Limited A Lot</b>	<b>Yes, Limited A Little</b>	<b>No, Not Limited At All</b>
a. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports			
b. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf			
c. Lifting or carrying groceries			
d. Climbing <b>several</b> flights of stairs			
e. Climbing <b>one</b> flight of stairs			
f. Bending, kneeling or stooping			
g. Walking <b>more than a mile</b>			
h. Walking <b>several blocks</b>			
i. Walking <b>one block</b>			
j. Bathing or dressing yourself			

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? (Mark each answer with an **X**)

	YES	NO
a. Cut down on the <b>amount of time</b> you spent on work or other activities		
b. <b>Accomplished less</b> than you would like		
c. Were limited in the <b>kind</b> of work or other activities		
d. Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort)		

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)? (Mark each answer with an **X**)

	YES	NO
a. Cut down the <b>amount of time</b> you spent on work or other activities		
b. <b>Accomplished less</b> than you would like		
c. Didn't do work or other activities as <b>carefully</b> as usual		

6. 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? (circle one)

Not at all      Slightly      Moderately      Quite a bit      Extremely

7. How much bodily pain have you had during the past 4 weeks? (circle one)

None      Very mild      Mild      Moderate      Severe      Very severe

8. 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

9. 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 – (Mark each answer with an **X**)

	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. Did you feel full of pep?						
b. Have you been a very nervous person?						
c. Have you felt so down in the dumps that nothing could cheer you up?						
d. Have you felt calm and peaceful?						
e. Did you have a lot of energy?						
f. Have you felt downhearted and blue?						
g. Did you feel worn out?						
h. Have you been a happy person?						
i. Did you feel tired?						

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 with friends, relatives, etc.)? (circle one)

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

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

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people					
b. I am as healthy as anybody I know					
c. I expect my health to get worse					
d. My health is excellent					

Questions or comments concerning the accuracy of the burden estimate and any suggestions for reducing this burden should be sent to Rene Hearn, VA Northeast Ohio Healthcare System at 216-791-2300 x45835.