

Short Form -36 Version 2 (SF-36v2; waves 1-4)

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to complete your usual activities. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is:

Excellent Very good Good Fair Poor

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

Much better Somewhat better About the Somewhat worse Much worse
now than one now than one same as one now than one now than one
year ago year ago year ago year ago 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?

Yes, Yes, No, not
limited limited limited
a lot a little at all

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

- a Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
- b Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
- c Lifting or carrying groceries
- d Climbing several flights of stairs
- e Climbing one flight of stairs
- f Bending, kneeling, or stooping
- g Walking more than a mile
- h Walking several hundred yards
- i Walking one hundred yards
- j Bathing or dressing yourself

4. During the past four weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

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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- a Cut down on the amount of time you spent on work or other activities
- b Accomplished less than you would like
- c Were limited in the kind of work or other activities
- d Had difficulty performing the work or other activities (for example, it took extra effort)

5. During the past four weeks, how much of the time 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)?

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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- a Cut down on the amount of time you spent on work or other activities
 - b Accomplished less than you would like
 - c Did work or activities less carefully than usual
6. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

Not at all	Slightly	Moderately	Quite a bit	Extremely
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7. How much bodily pain have you had during the past four weeks?

None	Very mild	Mild	Moderate	Severe	Very severe
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8. During the past four weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
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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.

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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- a Did you feel full of life?
- b Have you been very nervous?
- 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 depressed?
- g Did you feel worn out?
- h Have you been happy?
- i Did you feel tired?

10. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (such as visiting friends, relatives, etc.)?

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 statements for you?

Definitel y true	Mostly true	Don't know	Mostly false	Definitely false
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- 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

Thank you for completing these questions!