Form Approved
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Multi-Site Clinical Assessment of CFS in Children and Adolescents

SF-36 Health Survey

Subject ID Number: _____

Start Date: _____/_____/_____ & Time: _____am/pm
Month Day Year HH:MM

Complete Date: _____/_____/_____ & Time: _____am/pm
Month Day Year HH:MM

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

- ❑ 1 Excellent
- ❑ 2 Very Good
- ❑ 3 Good
- ❑ 4 Fair
- ❑ 5 Poor

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

- ❑ 1 Much better now than one year ago
- ❑ 2 Somewhat better now than one year ago
- ❑ 3 About the same as one year ago
- ❑ 4 Somewhat worse now than one year ago
- ❑ 5 Much worse now 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?

Please mark the appropriate box.

		Yes, Limited A Lot	Yes, Limited A Little	No, Not Limited At All
a.	*Vigorous Activities*, such as running, lifting heavy objects, participating in strenuous sports.	❑1	❑2	❑3
b.	*Moderate Activities*, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	❑1	❑2	❑3
c.	Lifting or carrying groceries.	❑1	❑2	❑3
d.	Climbing *several* flights of stairs.	❑1	❑2	❑3
e.	Climbing *one* flight of stairs.	❑1	❑2	❑3
f.	Bending, kneeling, or stooping.	❑1	❑2	❑3
g.	Walking *more than a mil*e.	❑1	❑2	❑3
h.	Walking *several hundred yards.*	❑1	❑2	❑3
i.	Walking *one hundred yards.*	❑1	❑2	❑3
j.	Bathing or dressing yourself.	❑1	❑2	❑3

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?

Please mark the appropriate box.

		All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a.	Cut down on the *amount of time* you spent on work or other activities	❑1	❑2	❑3	❑4	❑5
b.	*Accomplished* less than you would like	❑1	❑2	❑3	❑4	❑5
c.	Were limited in the *kind* of work or other activities	❑1	❑2	❑3	❑4	❑5
d.	Had *difficulty* performing the work or other activities (for example, it took extra effort)	❑1	❑2	❑3	❑4	❑5

5. During the past 4 weeks, have you had any of the following problems with your work or other regular activities as a result of any emotional problems (such as feeling depressed or anxious)?

Please mark the appropriate box.

		All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time
a.	Cut down on the *amount of time* you spent on work or other activities	❑1	❑2	❑3	❑4	❑5
b.	*Accomplished* less than you would like	❑1	❑2	❑3	❑4	❑5
c.	Did work or activities *less carefully than usual*	❑1	❑2	❑3	❑4	❑5

6. **During the <u>past 4 weeks</u>, to what <u>extent</u> has your <u>physical health or emotional problems</u> interfered with your normal social activities with family, friends, neighbors, or groups?**

- ❑ 1 Not at all
- ❑ 2 Slightly
- ❑ 3 Moderately
- ❑ 4 Quite a bit
- ❑ 5 Extremely

7. **How much <u>bodily</u> pain have you had during the <u>past 4 weeks</u>?**

- ❑ 1 None
- ❑ 2 Very mild
- ❑ 3 Mild
- ❑ 4 Moderate
- ❑ 5 Severe
- ❑ 6 Very severe

8. **During the <u>past four weeks</u>, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)?**

- ❑ 1 None
- ❑ 2 A little bit
- ❑ 3 Moderately
- ❑ 4 Quite a bit
- ❑ 5 Extremely

9. **These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. 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 <u>past four weeks</u>…

Please mark the appropriate box.

		<u>All</u> of the Time	<u>Most</u> of the Time	<u>Some</u> of the Time	<u>A Little Bit</u> of the Time	<u>None</u> of the Time
a.	Did you feel full of life?	❑1	❑2	❑3	❑4	❑5
b.	Have you been very nervous?	❑1	❑2	❑3	❑4	❑5
c.	Have you felt so down in the dumps that nothing could cheer you up?	❑1	❑2	❑3	❑4	❑5
d.	Have you felt calm and peaceful?	❑1	❑2	❑3	❑4	❑5
e.	Did you have a lot of energy?	❑1	❑2	❑3	❑4	❑5
f.	Have you felt downhearted and depressed?	❑1	❑2	❑3	❑4	❑5
g.	Did you feel worn out?	❑1	❑2	❑3	❑4	❑5
h.	Have you been happy?	❑1	❑2	❑3	❑4	❑5
i.	Did you feel tired?	❑1	❑2	❑3	❑4	❑5

10. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like as visiting friends, relatives, etc.)?

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

11. How <u>true</u> or <u>false</u> is *each* of the following statements for you?

Please mark the appropriate box.

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a. I seem to get sick a little easier than other people.	❑ 1	❑ 2	❑ 8	❑ 3	❑ 4
b. I am as healthy as anybody I know.	❑ 1	❑ 2	❑ 8	❑ 3	❑ 4
c. I expect my health to get worse.	❑ 1	❑ 2	❑ 8	❑ 3	❑ 4
d. My health is excellent.	❑ 1	❑ 2	❑ 8	❑ 3	❑ 4