

A3.28 Short Form 12 (SF-12 Version 2)

Your Health and Well-Being

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. *Thank you for completing this survey!*

For each of the following questions, please circle the one box that best describes your answer.

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

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

2. 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, limited a lot	Yes, limited a little	No, not limited at all
a	<u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
b	Climbing <u>several</u> flights of stairs	1	2	3

3. During the past 4 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
a	<u>Accomplished less</u> than you would like	1	2	3	4	5
b	Were limited in the <u>kind</u> of work or other activities	1	2	3	4	5

4. During the **past 4 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
a	Accomplished <u>less</u> than you would like	1	2	3	4	5
b	Did work or other activities <u>less</u> carefully than usual	1	2	3	4	5

5. 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	1
A little bit	2
Moderately	3
Quite a bit	4
Extremely	5

6. 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	Some of the time	A little of the time	None of the time
a	Have you felt calm and peaceful?	1	2	3	4	5
b	Did you have a lot of energy?	1	2	3	4	5
c	Have you felt downhearted and low?	1	2	3	4	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 friends, relatives, etc)?

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