**SF-12v2™ HEALTH SURVEY**

The company that holds the license has instructed us to include the statement "**a modified version of the SF-12v2 was used**" in ALL manuscripts using SF-12 data.

**ADMINISTRATIVE INFORMATION**

0a. Completion Date: 
0b. Staff ID:

**Instructions:** Enter the answer given by the participant for each response.

“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 do 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 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
   - **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
     - 1 □
     - 2 □
     - 3 □
   - **Climbing several 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?
   - **Accomplished less than you would like**
     - All of the time
     - Most of the time
     - Some of the time
     - A little of the time
     - None of the time
     - 1 □
     - 2 □
     - 3 □
     - 4 □
     - 5 □
   - **Were limited in the kind 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)?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Accomplished less than you would like</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Did work or other activities less carefully than usual</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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**…

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Have you felt calm and peaceful?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. Did you have a lot of energy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. Have you felt downhearted and depressed?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

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.)?

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>