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
   - Very good
   - Good
   - Fair
   - Poor

2. Compared to one year ago, how would you rate your health in general now?
   - Much better now than one year ago
   - Somewhat better now than one year ago
   - About the same as one year ago
   - Somewhat worse now than one year ago
   - Much worse now than one 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?
   a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all
   b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all
   c. Lifting or carrying groceries
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all
   d. Climbing several flights of stairs
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all
   e. Climbing one flight of stairs
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all
   f. Bending, kneeling, or stooping
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all
   g. Walking more than a mile
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all
   h. Walking several hundred yards
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all
   i. Walking one hundred yards
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all
   j. Bathing or dressing yourself
   - Yes, limited a lot
   - Yes, limited a little
   - No, not limited at all

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 your physical health?
   a. Cut down on the amount of time you spent on work or other activities
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - None of the time
   b. 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
   c. Were limited in the kind of work or other activities
   - All of the time
   - Most of the time
   - Some of the time
   - A little of the time
   - None of the time
5. 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)?

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 4 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

7. How much bodily pain have you had during the past 4 weeks?

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...

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 wound out?
h. Have you been happy?
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 friends, relatives, etc.)?

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

A. I seem to get sick a little easier than other people
   - Definitely true
   - Mostly true
   - Don't know
   - Mostly false
   - Definitely false

B. I am as healthy as anybody I know
   - Possibly true
   - Mostly true
   - Don't know
   - Mostly false
   - Definitely false

C. I expect my health to get worse
   - Possibly true
   - Mostly true
   - Don’t know
   - Mostly false
   - Definitely false

D. My health is excellent
   - Definitely true
   - Mostly true
   - Don't know
   - Mostly false
   - Definitely false

SF-36v2 Scale Scores

SF-36v2 Summary Scores

SF-36v2 Scale Scores

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PCs | MCS
---|---
59.0 | 62.3