

SF36 Health Survey

INSTRUCTIONS: this set of questions 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. Answer every question by marking 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: (Please tick **one** circle.)
 - Excellent
 - Very Good
 - Fair
 - Poor
2. Compared to one year ago, how would you rate your health in general now? (Please tick **one** circle.)
 - Much better 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? Is so, how much? (**Please check one number on each line.**)

	Activities	Yes, limited a lot	Yes, Limited A little	Not limited at all
3(a)	Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
3(b)	Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
3(c)	Lifting or carrying groceries	1	2	3
3(d)	Climbing several flights of stairs	1	2	3
3(e)	Climbing one flight of stairs	1	2	3
3(f)	Bending, kneeling, or stooping	1	2	3
3(g)	Walking more than a mile	1	2	3
3(h)	Walking several blocks	1	2	3
3(i)	Walking one block	1	2	3
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 check one number on each line.**)

		Yes	No
4(a)	Cut down on the amount of time you spent on work or other activities	1	2
4(b)	Accomplished less than you would like	1	2
4(c)	Were limited in the kind of work or other activities	1	2
4(d)	Had difficulty performing the work or other activities (for example, it took extra effort)	1	2

5. During the past 4 weeks, have you had any of the following problems with your work or regular daily activities as a result of any emotional problems (e.g. feeling depressed or anxious)? (**Please check one number on each line.**)

		Yes	No
5(a)	Cut down on the amount of time you spent on work or other	1	2

	activities		
5(b)	Accomplished less than you would like	1	2
5(c)	Didn't do work or other activities as carefully as usual	1	2

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? (Please tick **one** circle.)
- Not at all
 - Slightly
 - Moderately
 - Quite a bit
 - Extremely
7. How much physical pain have you had during the past 4 weeks? (Please tick **one** circle.)
- 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)? (Please tick **one** circle.)
- Not at all
 - Slightly
 - Moderately
 - Quite a bit
 - Extremely
9. These questions are about how you feel and how things have been with your during the past 4 weeks. Please give the one answer that is closest to the way you have been feeling for each item. (**Please check one number on each line.**)

		All of the Time	Most of the Time	A good bit of the time	Some of the time	A little of the time	None of the time
9(a)	Did you feel full of life?	1	2	3	4	5	6
9(b)	Have you been a very nervous person?	1	2	3	4	5	6
9(c)	Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
9(d)	Have you felt calm and peaceful?	1	2	3	4	5	6
9(e)	Did you have a lot of energy?	1	2	3	4	5	6
9(f)	Have you felt downhearted and blue?	1	2	3	4	5	6
9(g)	Did you feel worn out?	1	2	3	4	5	6
9(h)	Have you been a happy person?	1	2	3	4	5	6
9(i)	Did you feel tired?	1	2	3	4	5	6

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 with friends, relatives etc.) (Please tick **one** circle.)
- All of the time
 - Most of the time
 - Some of the time
 - A little of the time
 - None of the time
11. How TRUE or FALSE is each of the following statements for you? (**Please circle one number on each line.**)

		Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
11(a)	I seem to get sick a little easier than other people	1	2	3	4	5
11(b)	I am as healthy as anybody I know	1	2	3	4	5
11(c)	I expect my health to get worse	1	2	3	4	5
11(d)	My health is excellent	1	2	3	4	5

The Revised Oswestry Low Back Pain Questionnaire

Please read: This questionnaire is designed to enable us to understand how much your low back pain has affected your ability to manage your everyday activities. Please answer each section by selecting the ONE CHOICE (LETTER) that most applies to you. We realize that you may feel that more than one statement may relate to you, but PLEASE, JUST SELECT THE ONE CHOICE (LETTER) WHICH MOST CLOSELY DESCRIBES YOUR PROBLEM RIGHT NOW.

Section 1- Pain Intensity

- A. The pain comes and goes and is very mild
- B. The pain is mild and does not vary much.
- C. The pain comes and goes and is moderate.
- D. The pain is moderate and does not vary much.
- E. The pain comes and goes and is severe.
- F. The pain is severe and does not vary much.

Section 2- Personal Care

- A I do not have to change my way of washing or dressing in order to avoid pain.
- B. I do not normally change my way of washing or dressing even though it causes some pain.
- C. Washing and dressing increases the pain but I manage not to change my way of doing.
- D. Washing and dressing increases the pain and I find it necessary to change my way of doing it.
- E. Because of the pain I am unable to do some washing and dressing without help.
- F. Because of the pain I am unable to do any washing and dressing without help.

Section 3- Lifting

- A. I can lift heavy weights without extra pain.
- B. I can lift heavy weights but it causes extra pain.
- C. Pain prevents me from lifting heavy weights off the floor.
- D. Pain prevents me from lifting heavy weights off the floor, but I can manage if they are conveniently positioned, e.g., on a table.
- E. Pain prevents me from lifting heavy weights, but I can manage light to medium weights if they are conveniently positioned.
- F. I can only lift very light weights at the most.

Section 4- Walking

- A. I have no pain on walking.
- B. I have some pain on walking but it does not increase with distance.

- C. I cannot walk more than ½ mile without increasing pain.
- D. I cannot walk more than ¼ mile without increasing pain.
- E. I cannot walk at all without increasing pain.

Section 5- Sitting

- A. I can sit in any chair as long as I like.
- B. I can sit only in my favorite chair as long as I like.
- C. Pain prevents me from sitting more than one hour.
- D. Pain prevents me from sitting more than ½ hour.
- E. Pain prevents me from sitting more than 10 minutes.
- F. I avoid sitting because it increase pain straight away.

Section 6- Standing

- A. I can stand as long as I want without pain.
- B. I have some pain on standing but it does not increase with time.
- C. I cannot stand for longer than one hour without increasing pain.
- D. I cannot stand for longer than ½ hour without increasing pain.
- E. I cannot stand longer than 10 minutes without increasing pain.
- F. I avoid standing because it increases the pain immediately.

Section 7- Sleeping

- A. My Sleep is never disturbed by pain.
- B. My sleep is occasionally disturbed by pain.
- C. Because of pain I have less than 6 hours sleep.
- D. Because of pain I have less than 4 hours sleep.
- E. Because of pain I have less than 2 hours sleep.
- F. Because of pain I have less than 2 hours sleep.
- G. Pain prevents me from sleeping at all.

Section 8: Sex Life (if applicable)

- A. My sex life is normal and causes no extra pain.
- B. My sex life is normal but cases some extra pain.
- C. My sex life is nearly normal but is very painful.
- D. My sex life is severely restricted by pain.
- E. My sex life is nearly absent because of pain.
- F. Pain prevents any sex life at all.

Section 9: Social Life

- A. My social life is normal and gives me no extra pain.
- B. My social life is normal but increases the degree of pain.
- C. Pain has no significant effect on my social life apart from limiting my more energetic interests e.g. sport
- D. Pain has restricted my social life and I do not go out as often.
- E. Pain has restricted my social life to my home
- F. I have no social life because of pain.

Section 10: Traveling

- A. I can travel anywhere without pain.
- B. I can travel anywhere but it gives me extra pain.
- C. Pain is bad but I manage journeys over two hours.
- D. Pain restricts me to journeys of less than one hour.
- E. Pain restricts me to short necessary journeys less than 30 minutes.
- F. Pain prevents me from traveling except to receive treatment.

Patient Signature: _____

Patient Name: _____

Patient DOB: _____

Date: _____