SF-12® Health Survey Scoring Demonstration

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

   ![Selection Options]

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. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
   ![Selection Options]

   b. Climbing several flights of stairs
   ![Selection Options]

3. 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?

   Yes  No

   a. Accomplished less than you would like
   ![Selection Options]

   b. Were limited in the kind of work or other activities
   ![Selection Options]

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 any emotional problems (such as feeling depressed or anxious)?

   Yes  No

   a. Accomplished less than you would like
   ![Selection Options]

   b. Did work or other activities less carefully than usual
   ![Selection Options]

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  A little bit  Moderately  Quite a bit  Extremely

   ![Selection Options]

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  A good part of the time  Some of the time  A little of the time  None of the time

   ![Selection Options]
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</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Have you felt calm and peaceful?</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
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<tr>
<td>b</td>
<td>Did you have a lot of energy?</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
<td>⬤</td>
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<tr>
<td>c</td>
<td>Have you felt downhearted and blue?</td>
<td>⬤</td>
<td>⬤</td>
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</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>
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*Thank you for completing these questions!*