

SF12 Health Questionnaire

Patient Name: _____

Date of Birth: ____/____/____

The following questions ask for your outlook on your health. This information will determine how you feel and how well you are able to complete your usual activities.

Answer each question by selecting the choice that **best** depicts you view your health.

In general, would you say your health is:

<input type="checkbox"/> Excellent (1)	<input type="checkbox"/> Very good (2)	<input type="checkbox"/> Good (3)	<input type="checkbox"/> Fair (4)	<input type="checkbox"/> Poor (5)
--	--	-----------------------------------	-----------------------------------	-----------------------------------

Does your health limit your ability to complete moderate activities (ex. moving a table, pushing a vacuum cleaner, bowling, playing golf)?

<input type="checkbox"/> Yes, limited a lot (1)	<input type="checkbox"/> Yes, limited a little (2)	<input type="checkbox"/> No, not limited at all (3)
---	--	---

Does your health limit your ability to complete vigorous activities (ex. climbing several flights of stairs)?

<input type="checkbox"/> Yes, limited a lot (1)	<input type="checkbox"/> Yes, limited a little (2)	<input type="checkbox"/> No, not limited at all (3)
---	--	---

During the last four (4) weeks, have you had any issues with the following situations due to problems with your physical health?

Accomplished less than you would like?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)
Limited in the kind of work or other activities?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)

During the last four (4) weeks, have you had any of the following problems with you work or other regular daily activities due to emotional distress (ex. depression or anxiousness).

Accomplished less than you would like?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)
Did work or activities less carefully than usual?	<input type="checkbox"/> Yes (1)	<input type="checkbox"/> No (2)

During the last four (4) weeks, how much did pain interfere with your normal work (including work outside the home and housework)?

<input type="checkbox"/> Not at all (1)	<input type="checkbox"/> A little bit (2)	<input type="checkbox"/> Moderately (3)	<input type="checkbox"/> Quite a bit (4)	<input type="checkbox"/> Extremely (5)
---	---	---	--	--

The following questions are about how you have been feeling over the last four (4) weeks. For each question, provide the one answer that comes closes to the way you have been feeling.

Question	All the time (1)	Most of the time (2)	A good bit of the time (3)	Some of the time (4)	A little of the time (5)	None of the time (6)
Have you felt calm and peaceful?						
Did you have a lot of energy?						
Have you felt downhearted and blue?						
During the last four (4) weeks, how much of the time has your physical health or emotional problems interfere with your social activities (ex. visiting friends, relatives, etc.)?						

Total Score: _____