Appendix A: SF-36 Version 2 (modified for Australian use*)

Instructions for Completing the Questionnaire

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

EXAMPLE

This is for your review. Do not answer this question. The questionnaire begins with the section Your Health in General below.

For each question you will be asked to fill in a bubble in each line:

1. How strongly do you agree or disagree with each of the following statements?

	Strongly Agree		Uncertain	Disagree	Strongly
	agree				disagree
a) I enjoy listening to music	0	0	0	0	0
B) I enjoy reading magazines	0	0	0	0	0

Please begin answering the questions now, there are eleven questions

Your Health in General

ago

0

0

	Much better now than one year ago	Somewhat better now than one year	About the same as one year ago	Somewhat worse now than one year	Much worse now than one year ago
2.	Compared to one ye	ear ago, how wou	ıld you rate your l	health in general <u>n</u>	_
1.	In general, would you Excellent O	u say your neaith Very go o O		I Fair ○	Poor O
1	In general would you	ı cav vaur baalth	io		

3. The following questions are about activities you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much?

0

ago

0

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a) Vigorous activities, such as running, lifting heavy	0	0	0
objects, participating in strenuous sports			
b) Moderate activities, such as moving a table, pushing	0	0	0
a vacuum cleaner, bowling, or playing golf			
c) Lifting or carrying groceries	0	0	0
d) Climbing several flights of stairs	0	0	0
e) Climbing one flight of stairs	0	0	0
f) Bending, kneeling, or stooping	0	0	0
g) Walking more than a kilometre	0	0	0
h) Walking several hundred metres	0	0	0
i) Walking one hundred metres	0	0	0
j) Bathing or dressing yourself	0	0	0

4	 During the <u>past 4 weeks</u>, how much of the time he with your work or other regular daily activities <u>as a</u> 					oroblems
		All of the time	Most of the time	Some of the time	A little of the time	None of the time
	 a) Cut down on the amount of time you spent on work or other activities 	0	0	0	0	0
	b) Accomplished less than you would like	0	0	0	0	0
	 c) Were limited in the kind of work or other activities 	0	0	0	0	0
	d) Had difficulty performing the work or other activities (for example it took extra effort)	0	0	0	0	0
5.	During the <u>past 4 weeks</u> , how much of the time he with your work or other regular daily activities <u>as a feeling depressed</u> or anxious)?					
	,	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	a) Cut down on the amount of time you spent on work or other activities	the	the	of the	of the	of the
	a) Cut down on the amount of time you spent on work or other activitiesb) Accomplished less than you would like	the time	the time	of the time	of the time	of the time
	a) Cut down on the amount of time you spent on work or other activities	the time	the time	of the time	of the time	of the time
6.	 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 other activities less carefully 	the time O O O ur physi	the time O O Cal health	of the time O O O or emo	of the time O O otional pro	of the time O O
6.	 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 other activities less carefully than usual During the past 4 weeks, to what extent has you 	the time O O O ur physiily, frier	the time O O Cal health	of the time O O O or emotions, or	of the time O O otional pro	of the time O O O oblems
	 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 other activities less carefully than usual During the past 4 weeks, to what extent has you interfered with your normal social activities with fam. Not at all Slightly Moderately 	the time O O O ur physiily, frier	the time O O Cal health ds, neight O	of the time O O O or emotions, or	of the time O O O otional progroups?	of the time O O O oblems
	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 other activities less carefully than usual During the past 4 weeks, to what extent has you interfered with your normal social activities with fam Not at all Slightly Moderately O O O How much bodily pain have you had during the pase	the time O O O ur physiily, frier	the time O O cal health ds, neight O Quite a bi O	of the time O O O or emotions, or	of the time O O O otional progroups?	of the time O O O oblems
	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 other activities less carefully than usual During the past 4 weeks, to what extent has you interfered with your normal social activities with fam Not at all Slightly Moderately O O O How much bodily pain have you had during the pase	the time O O O ur physicily, frien	the time O O cal health ds, neight O Quite a bi O	of the time O O O or emotions, or	of the time O O O otional progroups? Extremely O Very	of the time O O O oblems

8.	During the past <u>4 weeks,</u> how much did <u>pain</u> interfere with your normal work (including botl	h
	vork outside the home and housework)?	

Not at all	Slightly	Moderately	Quite a bit	Extremely
0	0	0	0	0

9. These questions are about how you feel and how things have been with you <u>during the past 4 weeks</u>. 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 <u>past 4 weeks</u>?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Did you feel full of life?	0	0	0	0	0
b) Have you been very	0	0	0	0	0
nervous?					
c) Have you felt so down in the	0	0	0	0	0
dumps that nothing could					
cheer you up?					
D) Have you felt calm and	0	0	0	0	0
peaceful?					
e) Did you have lots of energy?	0	0	0	0	0
f) Have you felt downhearted	0	0	0	0	0
and depressed?					
g) Did you feel worn out?	0	0	0	0	0
h) have you been happy?	0	0	0	0	0
i) Did you feel tired?	0	0	0	0	0

10. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with you social activities (like visiting friends, relatives, etc.)?

All of the	Most of the	Some of the	A little of the	None of the
time	time	time	time	time
0	0	0	0	0

11. How TRUE or FALSE is <u>each</u> of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) I seem to get sick a little easier than other people	0	O	0	0	0
b) I am as healthy as anybody I know	O	O	0	0	0
c) I expect my health to get worse	O	0	Ο	Ο	0
d) My health is excellent	O	0	0	O	O