| *Form 8* | **Date Completed** *dtcomplete* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | M | M | D | D | Y | Y | Y | Y |

*Assessment: 2 ☐ baseline 3 ☐ 3 months 4 ☐ 6 months 5 ☐ 12 months*
*timept*

# SF-12

## Standard Interview Script for SF-12 Health Survey (4 Week Recall)

*This survey 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. Please try to answer every question as accurately as you can.*

**1. In general, would you say your health is… *q1***

| Excellent | Very Good | Good | Fair | Poor |
|---|---|---|---|---|
| 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

**2. The following questions are about activities that you might do during a typical day. Does <u>your health now limit you</u> in these activities? If so, how much? Please use Answer Guide A for these activities.**

***[If respondent says s/he does not do activity, ask: "Is that because of your health?" If " yes," because of health, answer the question as Yes, limited a lot]***

| | **Yes, limited a lot** | **Yes, limited a little** | **No, not limited at all** |
|---|---|---|---|
| **2a. <u>Moderate activities</u>, such as moving a table, pushing a vacuum, bowling, or playing golf *q2_a*** | 1 ☐ | 2 ☐ | 3 ☐ |
| **2b. Climbing <u>several</u> flights of stairs *q2_b*** | 1 ☐ | 2 ☐ | 3 ☐ |

**3. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>? Please use Answer Guide B for these activities.**

| | **All of the time** | **Most of the time** | **Some of the time** | **A little of the time** | **None of the time** |
|---|---|---|---|---|---|
| **3a. <u>Accomplished less</u> than you would like *q3_a*** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| **3b. Were limited in the <u>kind</u> of work or other activities *q3_b*** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

| *Form 8* | **Date Completed** *dtcomplete* | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | M | M | D | D | Y | Y | Y | Y |

*Assessment: 2 ☐ baseline 3 ☐ 3 months 4 ☐ 6 months 5 ☐ 12 months*
*timept*

**4. During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (such as feeling depressed or anxious)? You may use Answer Guide B for these activities.**

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|
| **4a. <u>Accomplished less</u> than you would like** ***q4_a*** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| **4b. Did work or activities <u>less carefully than usual</u>** ***q4_b*** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

**5. During the <u>past 4 weeks</u>, how much did pain interfere with your normal work (including both work outside the home and housework)?** ***q5***

| Not at all | A Little Bit | Moderately | Quite a Bit | Extremely |
|---|---|---|---|---|
| 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

**6. These questions are about how you feel and how things have been with you during the <u>past 4 weeks</u>. For each question, please give the one answer that comes closest to the way you have been feeling. For each question, you may use Answer Guide B. How much of the time during the past 4 weeks…**

| | All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|---|
| **6a. Have you felt calm and peaceful?** ***q6_a*** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| **6b. Did you have a lot of energy?** ***q6_b*** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| **6c. Have you felt downhearted and depressed?** ***q6_c*** | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

**7. During the <u>past 4 weeks</u>, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends or relatives)?** ***q7***

| All of the time | Most of the time | Some of the time | A little of the time | None of the time |
|---|---|---|---|---|
| 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |