Public reporting burden for this collection of information is estimated to average 04 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0281). Do not return the completed form to this address.



SF-12v2™ HEALTH SURVEY

The company that holds the license has instructed us to include the statement "a modified

OMB#: 0925-0281 Exp. 3/31/2014

version of the SF-12v2 was used" in ALL manuscripts using SF-12 data. ID DATE: 06/01/2011 FORM CODE: Ε NUMBER: Version 1.0 **ADMINISTRATIVE INFORMATION** 0a. Completion Date: 0b. Staff ID: Month Day **Instructions:** Enter the answer given by the participant for each response. "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 1 Very good 2 Fair 4 □ Good 3 Poor 5 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. Yes. No. not limited limited limited a lot a little at all a. **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling, or playing golf 1 🔲 2 🗌 3 🗌 b. Climbing several flights of stairs 1 □ 2 □ 3 | | 3. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health? All of Most of Some of A little of None of the time the time the time the time the time a. Accomplished less than you would like 1 🔲 2 3 □ 4 □ 5 b. Were limited in the kind of work or other 1 □ 2 🗌 3 □ 4 □ 5 🗌 activities

SF-12v2™ Health Survey Page 1 of 2

WO	uring the <u>past 4 weeks,</u> how much of the tin ork or other regular daily activities <u>as a resul</u> xious)?					
		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a.	Accomplished less than you would like	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
b.	Did work or other activities less carefully than usual	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
5. During the past <u>4 weeks</u> , how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)?						
	Not at a A little A little Modera Quite a Extrem	bit ately a bit	1			
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. How much of the time <u>during the past 4 weeks</u> All of Most of Some of A little of None of						
a.	Have you felt calm and peaceful?	the time 1 [the time 2 \square	the time 3 🗌	the time 4 \square	the time 5 🗌
b.	Did you have a lot of energy?	1 🗌	2 🗌	3 🗌	4 🗌	5 🗌
C.	Have you felt downhearted and depressed	i? 1 ☐	2 🗌	3 🗌	4 🗌	5 🗌
	uring the <u>past 4 weeks,</u> how much of the tin erfered with your social activities (like visitin All of the ti Most of the Some of th A little of th None of th	ng friends, rome e time ne time ne time			tional proble	ms

SF-12v2™ Health Survey Page 2 of 2