



Health Statue Profile SF-12™

(Acute) (continued on page 2)

Instructions: This survey asks for your views about your health now and during the past week. This information will help keep track of how you feel and how well you are able to do your usual activities.

Please answer every question by marking the appropriate box. **Answer each question by choosing just one answer.** 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 box that best represents your response. If you are unsure about how to answer a question, please give the best answer you can.

Name:	Date:	<input type="checkbox"/> OPCR <input type="checkbox"/> OPPR <input type="checkbox"/> Pre <input type="checkbox"/> Post
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1. In general, would you say your health is: (mark only one box)	1 <input type="checkbox"/> Excellent 2 <input type="checkbox"/> Very good 3 <input type="checkbox"/> Good 4 <input type="checkbox"/> Fair 5 <input type="checkbox"/> Poor
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The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (mark one box on each line)	Yes, limited a lot	Yes, limited a little	No, not limited at all
2. Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
3. Climbing several flights of stairs.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

During the past week , have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (mark one box on each line)	Yes	No
4. Accomplished less than you would like?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
5. Were limited in the kind of work or other activities	1 <input type="checkbox"/>	2 <input type="checkbox"/>

During the past week , 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)? (mark one box on each line)	Yes	No
6. Accomplished less than you would like	1 <input type="checkbox"/>	2 <input type="checkbox"/>
7. Didn't do work or other activities as carefully as usual	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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<p>8. During the past week, how much did pain interfere with your normal work (including both work outside the home and housework)? (mark only one box)</p>	<p>1 <input type="checkbox"/> Not at all 2 <input type="checkbox"/> A little bit 3 <input type="checkbox"/> Moderately 4 <input type="checkbox"/> Quite a bit 5 <input type="checkbox"/> Extremely</p>
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These questions are about how you have been feeling during the <u>past week</u> . For each question, please give the one answer that comes closest to the way you have been feeling. (mark one box on each line)	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
9. Have you felt calm and peaceful?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
10. Did you have a lot of energy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
11. Have you felt downhearted and blue?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

<p>12. During the past week, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)? (mark only one box)</p>	<p>1 <input type="checkbox"/> All of the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> A little of the time 5 <input type="checkbox"/> None of the time</p>
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Office Use Only		
PCS Score:	MCS Score:	Total Score: