

CAROLINAS WEIGHT MANAGEMENT AND WELLNESS CENTER

SF-36 HEALTH SURVEY

Job# - CL3387
 Form: CWM-113
 Proof# 1- 11-2-07
 Ink: black
 Paper: white bond
 2 pages,
 page 1-2sided

Patient Name: _____ DOB: _____ Date: _____

INSTRUCTIONS: 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. Answer every question with a mark as indicated. If you are unsure about how to answer a question, please select the best one.

1. In general, would you say your health is: (circle one)

Excellent	1
Very Good	2
Good	3
Fair	4
Poor	5

2. Compared to one year ago, rate your health in general now: (circle one)

Much better than one year ago	1
Somewhat better than one year ago	2
About the same as one year ago	3
Somewhat worse than one year ago	4
Much worse now than one year ago	5

3. The following items are about activities you might do during a typical day. Does your current health limit you in these activities? How much? (circle one number per line)

	ACTIVITIES	Limited →	YES - A lot	YES - A little	NO - Not at all
A.	Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports		1	2	3
B.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf		1	2	3
C.	Lifting or carrying groceries		1	2	3
D.	Climbing several flights of stairs		1	2	3
E.	Climbing one flight of stairs		1	2	3
F.	Bending, kneeling or stooping		1	2	3
G.	Walking more than a mile		1	2	3
H.	Walking several blocks		1	2	3
I.	Walking one block		1	2	3
J.	Bathing or dressing yourself		1	2	3



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4. During the <u>past 4 weeks</u> , have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (circle one number for each line)			
		YES	NO
A.	Cut down on the amount of time spent on work or other activities?	1	2
B.	Accomplished less than you would like?	1	2
C.	Limited in a kind of work or other activities?	1	2
D.	Had difficulty performing work or other activities? (for example, it took extra effort)	1	2
5. During the <u>past 4 weeks</u> , 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)? (circle one number for each line)			
		YES	NO
A.	Cut down on the amount of time spent on work or other activities?	1	2
B.	Accomplished less than you would like?	1	2
C.	Limited in a kind of work or other activities?	1	2
6. During the <u>past 4 weeks</u> , to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups? (circle one)			
	Not at all		1
	Slightly		2
	Moderately		3
	Quite a bit		4
	Extremely		5
7. How much bodily pain have you had during the <u>past 4 weeks</u> ? (circle one)			
	None		1
	Very mild		2
	Mild		3
	Moderate		4
	Severe		5
	Very Severe		6
8. During the <u>past 4 weeks</u> , how much did pain interfere with your normal work (including both work outside the home and housework)? (circle one)			
	Not at all		1
	Slightly		2
	Moderately		3
	Quite a bit		4
	Extremely		5



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9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you are feeling. (circle one number on each line)

		<u>All of the time</u>	<u>Most of the time</u>	<u>A good bit of the time</u>	<u>Some of the time</u>	<u>A little of the time</u>	<u>None of the time</u>
A.	Did you feel full of pep?	1	2	3	4	5	6
B.	Have you been a very nervous person?	1	2	3	4	5	6
C.	Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
D.	Have you felt calm and peaceful?	1	2	3	4	5	6
E.	Did you have a lot of energy?	1	2	3	4	5	6
F.	Have you felt downhearted and blue?	1	2	3	4	5	6
G.	Did you feel worn out?	1	2	3	4	5	6
H.	Have you been a happy person?	1	2	3	4	5	6
I.	Did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (such as visiting with friends, relatives, etc.)?

(circle one)

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

11. How TRUE or FALSE is each of the following statements for you? (circle one number on each line)

		<u>Definitely True</u>	<u>Mostly True</u>	<u>Don't Know</u>	<u>Mostly False</u>	<u>Definitely False</u>
A.	I seem to get sick a little easier than other people.	1	2	3	4	5
B.	I am as healthy as anyone I know.	1	2	3	4	5
C.	I expect my health to get worse.	1	2	3	4	5
D.	My health is excellent.	1	2	3	4	5



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