

SF-12 (Short Form)

TO BE FILLED IN BY A PATIENT WHO HAS PAIN LONGER THAN 4 WEEKS!

1	In general, would you say your health is excellent, very good, good, fair, or poor?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Poor ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Fair ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Good ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Very Good ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Excellent ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Poor ...	<input type="checkbox"/>	Fair ...	<input type="checkbox"/>	Good ...	<input type="checkbox"/>	Very Good ...	<input type="checkbox"/>	Excellent ...	<input type="checkbox"/>
Poor ...	<input type="checkbox"/>											
Fair ...	<input type="checkbox"/>											
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Excellent ...	<input type="checkbox"/>											
2	First, moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all.	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Limited a lot ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Limited a little ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Not limited at all ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Limited a lot ...	<input type="checkbox"/>	Limited a little ...	<input type="checkbox"/>	Not limited at all ...	<input type="checkbox"/>				
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3	Climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Limited a lot ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Limited a little ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Not limited at all ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Limited a lot ...	<input type="checkbox"/>	Limited a little ...	<input type="checkbox"/>	Not limited at all ...	<input type="checkbox"/>				
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4	During the past four weeks, have you accomplished less than you would like as a result of your physical health?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Yes ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">No...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Yes ...	<input type="checkbox"/>	No...	<input type="checkbox"/>						
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No...	<input type="checkbox"/>											
5	During the past four weeks, were you limited in the kind of work or other regular activities you do as a result of your physical health?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Yes ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">No ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Yes ...	<input type="checkbox"/>	No ...	<input type="checkbox"/>						
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6	During the past four weeks, have you accomplished less than you would like to as a result of any emotional problems, such as feeling depressed or anxious?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Yes ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">No ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Yes ...	<input type="checkbox"/>	No ...	<input type="checkbox"/>						
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7	During the past four weeks, did you not do work or other regular activities as carefully as usual as a result of any emotional problems such as feeling depressed or anxious?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Yes ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">No ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Yes ...	<input type="checkbox"/>	No ...	<input type="checkbox"/>						
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8	During the past four weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere not at all, slightly, moderately, quite a bit, or extremely?	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="border-bottom: 1px solid black;">Extremely ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Quite a bit ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Moderately ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Slightly ...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> <tr><td style="border-bottom: 1px solid black;">Not at all...</td><td style="text-align: right;"><input type="checkbox"/></td></tr> </table>	Extremely ...	<input type="checkbox"/>	Quite a bit ...	<input type="checkbox"/>	Moderately ...	<input type="checkbox"/>	Slightly ...	<input type="checkbox"/>	Not at all...	<input type="checkbox"/>
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9	How much time during the past 4 weeks have you felt calm and peaceful? All of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?	None of the time ...	<input type="checkbox"/>
		A little of the time ...	<input type="checkbox"/>
		Some of the time...	<input type="checkbox"/>
		A good bit of the time ...	<input type="checkbox"/>
		Most of the time ...	<input type="checkbox"/>
		All of the time ...	<input type="checkbox"/>

10	How much of the time during the past 4 weeks did you have a lot of energy? All of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?	None of the time ...	<input type="checkbox"/>
		A little of the time ...	<input type="checkbox"/>
		Some of the time...	<input type="checkbox"/>
		A good bit of the time ...	<input type="checkbox"/>
		Most of the time ...	<input type="checkbox"/>
		All of the time ...	<input type="checkbox"/>

11	How much time during the past 4 weeks have you felt down? All of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?	All of the time ...	<input type="checkbox"/>
		Most of the time ...	<input type="checkbox"/>
		A good bit of the time ...	<input type="checkbox"/>
		Some of the time ...	<input type="checkbox"/>
		A little of the time ...	<input type="checkbox"/>
		None of the time ...	<input type="checkbox"/>

12	During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives etc? All of the time, most of the time, some of the time, a little of the time, or none of the time?	All of the time ...	<input type="checkbox"/>
		Most of the time ...	<input type="checkbox"/>
		Some of the time ...	<input type="checkbox"/>
		A little of the time ...	<input type="checkbox"/>
		None of the time ...	<input type="checkbox"/>