



An Affiliate of Methodist Health System

Cardio/Pulmonary Rehabilitation General Health Survey

We would like to better understand how you feel, how well you are able to do your usual activities, and how you rate your own health. To help us better understand these things about you, please complete this questionnaire about your general health.

The questionnaire is simple to fill out. Be sure to read the instructions on the top of the first page. Remember, ***this is not a test and there are no right or wrong answers.*** Choose the response that best represents the way you feel. We will quickly review the questionnaire when you are finished to make sure all items have been completed.

Please answer these questions by yourself. Spouse, or other family members, or visitors, should not assist you in completing the questionnaire.

It will take approximately 20 - 30 minutes to fill out the questionnaire. You can fill it out now or complete it at home and return to us by _____.

Thank you,

*The Cardiopulmonary Rehabilitation Staff
Methodist Hospital*

Name: _____ Reg #: _____ Age: _____ Date: _____
Address: _____ Phone: _____
City/State/Zip: _____

**THE MOS 36-ITEM SHORT-FORM HEALTH SURVEY (SF-36)
(Baseline)**

INSTRUCTIONS: This survey asks you for your views about your health. This information will keep track of how you feel and how well you are able to do your usual activities.

Answer every question by marking 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: (Circle one)
- | | |
|-----------------|---|
| Excellent | 1 |
| Very good | 2 |
| Good | 3 |
| Fair..... | 4 |
| Poor | 5 |
2. *Compared to one month ago, how would you rate your health in general now?*
(Circle one)
- | | |
|--|---|
| Much better now than one month ago | 1 |
| Somewhat better now than one month ago | 2 |
| About the same as one month ago | 3 |
| Somewhat worse than one month ago | 4 |
| Much worse than one month ago..... | 5 |

3. 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?

Circle one number on each line

	Activities	YES Limited a lot	YES Limited a little	NO Not limited 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 one 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

4. During the past month, 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 on each line

		YES	NO
a.	Cut down on the amount of time you spent on work or other activities.	1	2
b.	Accomplished less than you would like.	1	2
c.	Were limited in the kind of work or other activities.	1	2
d.	Had difficulty performing the work or other activities (for example, it took extra effort.)	1	2

5. During the past month, 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 felling depressed or anxious?*

Circle one number on each line

		YES	NO
a.	Cut down on the amount of time you spent on work or other activities.	1	2
b.	Accomplished less than you would like.	1	2
c.	Didn't do work or other activities as carefully as usual.	1	2

6. During the past month, 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 in the past month? (Circle one)

- None 1
- Very mild 2
- Moderate 3
- Severe 4
- Very severe 5

8. During the past month, 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

9. These questions are about how you feel and how things have been with you during the past month. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past month.

Circle one number 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
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 month, how much of the time has your *physical health or emotional problems* interfered with your social activities, like 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

		Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
a.	I seem to get sick a little easier than other people	1	2	3	4	5
b.	I am as healthy as anybody 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