



# 36-Item Short Form Survey Instrument (SF-36)

## RAND 36-Item Health Survey 1.0 Questionnaire Items

Choose one option for each questionnaire item.

1. In general, would you say your health is:

- 1 - Excellent
  - 2 - Very good
  - 3 - Good
  - 4 - Fair
  - 5 - Poor
- 

2. **Compared to one year ago**, how would you rate your health in general **now**?

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

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?

- |  | Yes,<br>limited a<br>lot | Yes,<br>limited a<br>little | No, not<br>limited at<br>all |
|--|--------------------------|-----------------------------|------------------------------|
| 3. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports  | <input type="radio"/> 1  | <input type="radio"/> 2     | <input type="radio"/> 3      |
| 4. <b>Moderate activities</b> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="radio"/> 1  | <input type="radio"/> 2     | <input type="radio"/> 3      |
| 5. Lifting or carrying groceries   | <input type="radio"/> 1  | <input type="radio"/> 2     | <input type="radio"/> 3      |
| 6. Climbing <b>several</b> flights of stairs   | <input type="radio"/> 1  | <input type="radio"/> 2     | <input type="radio"/> 3      |
| 7. Climbing <b>one</b> flight of stairs  | <input type="radio"/> 1  | <input type="radio"/> 2     | <input type="radio"/> 3      |
| 8. Bending, kneeling, or stooping  | <input type="radio"/> 1  | <input type="radio"/> 2     | <input type="radio"/> 3      |
| 9. Walking <b>more than a mile</b>   | <input type="radio"/> 1  | <input type="radio"/> 2     | <input type="radio"/> 3      |
| 10. Walking <b>several blocks</b>  | <input type="radio"/> 1  | <input type="radio"/> 2     | <input type="radio"/> 3      |
| 11. Walking <b>one block</b>   | <input type="radio"/> 1  | <input type="radio"/> 2     | <input type="radio"/> 3      |
| 12. Bathing or dressing yourself   | <input type="radio"/> 1  | <input type="radio"/> 2     | <input type="radio"/> 3      |
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During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| 13. Cut down the <b>amount of time</b> you spent on work or other activities                          | <input type="radio"/> | <input type="radio"/> |
|   | 1                     | 2                     |
| 14. <b>Accomplished less</b> than you would like  | <input type="radio"/> | <input type="radio"/> |
|   | 1                     | 2                     |
| 15. Were limited in the <b>kind</b> of work or other activities                                       | <input type="radio"/> | <input type="radio"/> |
|   | 1                     | 2                     |
| 16. Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort) | <input type="radio"/> | <input type="radio"/> |
|   | 1                     | 2                     |
- 

During the **past 4 weeks**, 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)?

- |  | Yes                     | No                      |
|--|-------------------------|-------------------------|
| 17. Cut down the <b>amount of time</b> you spent on work or other activities | <input type="radio"/> 1 | <input type="radio"/> 2 |
| 18. <b>Accomplished less</b> than you would like                             | <input type="radio"/> 1 | <input type="radio"/> 2 |
| 19. Didn't do work or other activities as <b>carefully</b> as usual          | <input type="radio"/> 1 | <input type="radio"/> 2 |
- 

20. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

- 1 - Not at all
  - 2 - Slightly
  - 3 - Moderately
  - 4 - Quite a bit
  - 5 - Extremely
-

21. How much **bodily** pain have you had during the **past 4 weeks**?

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

22. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

- 1 - Not at all
  - 2 - A little bit
  - 3 - Moderately
  - 4 - Quite a bit
  - 5 - Extremely
-

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 have been feeling.

How much of the time during the **past 4 weeks**...

- |   | All of<br>the<br>time   | Most<br>of the<br>time  | A good<br>bit of the<br>time | Some<br>of the<br>time  | A little<br>of the<br>time | None<br>of the<br>time  |
|---|-------------------------|-------------------------|------------------------------|-------------------------|----------------------------|-------------------------|
| 23. Did you feel full of pep?   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3      | <input type="radio"/> 4 | <input type="radio"/> 5    | <input type="radio"/> 6 |
| 24. Have you been a very nervous person?                                | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3      | <input type="radio"/> 4 | <input type="radio"/> 5    | <input type="radio"/> 6 |
| 25. Have you felt so down in the dumps that nothing could cheer you up? | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3      | <input type="radio"/> 4 | <input type="radio"/> 5    | <input type="radio"/> 6 |
| 26. Have you felt calm and peaceful?                                    | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3      | <input type="radio"/> 4 | <input type="radio"/> 5    | <input type="radio"/> 6 |
| 27. Did you have a lot of energy?                                       | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3      | <input type="radio"/> 4 | <input type="radio"/> 5    | <input type="radio"/> 6 |
| 28. Have you felt downhearted and blue?                                 | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3      | <input type="radio"/> 4 | <input type="radio"/> 5    | <input type="radio"/> 6 |
| 29. Did you feel worn out?  | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3      | <input type="radio"/> 4 | <input type="radio"/> 5    | <input type="radio"/> 6 |
| 30. Have you been a happy person?                                       | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3      | <input type="radio"/> 4 | <input type="radio"/> 5    | <input type="radio"/> 6 |
| 31. Did you feel tired?   | <input type="radio"/> 1 | <input type="radio"/> 2 | <input type="radio"/> 3      | <input type="radio"/> 4 | <input type="radio"/> 5    | <input type="radio"/> 6 |

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32. 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.)?

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

How TRUE or FALSE is **each** of the following statements for you.

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
33. I seem to get sick a little easier than other people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
34. I am as healthy as anybody I know	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
35. I expect my health to get worse	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
36. My health is excellent	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

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## ABOUT

The RAND Corporation is a research organization that develops solutions to public policy challenges to help make communities throughout the world safer and more secure, healthier and more prosperous. RAND is nonprofit, nonpartisan, and committed to the public interest.



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