

Date _____ Name _____

SF-8™ Health Survey

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

Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

For each of the following questions, please mark an [x] in the one box that best describes your answer.

1. Overall, how would you rate your health during the **past 4 weeks**?

Excellent Very Good Good Fair Poor Very Poor

2. During the **past 4 weeks**, how much did physical health problems limit your usual physical activities (such as transfers or going places)?

Not at all Very little Somewhat Quite a lot Could not do physical activities

3. During the **past 4 weeks**, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

Not at all Very little Somewhat Quite a lot Could not do daily work

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

None Very mild Mild Moderate Severe Very severe

5. During the **past 4 weeks**, how much energy did you have?

Very much Quite a lot Some A little None

6. During the **past 4 weeks**, how much did your physical health or emotional problems limit your usual social activities with family or friends?

Not at all Very little Somewhat Quite a lot Could not do social activities

7. During the **past 4 weeks**, how much have you been bothered by **emotional problems** (such as feeling anxious, depressed or irritable)?

Not at all Slightly Moderately Quite a lot Extremely

8. During the **past 4 weeks**, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

Not at all Very little Somewhat Quite a lot Could not do daily activities

Thank you for completing these questions.