

**Health Status Questionnaire (SF 12)**

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**Patient Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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

- Excellent     Very Good     Good     Fair     Poor

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? (Check one box on each line)

- |  | Yes, limited a lot       | Yes, limited a little    | No, not limited at all   |
|--|--------------------------|--------------------------|--------------------------|
| 2. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling or playing golf | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Climbing several flights of stairs  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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? (Check one box on each line)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 4. Accomplished less than you would like                | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Were limited in the kind of work or other activities | <input type="checkbox"/> | <input type="checkbox"/> |

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 depression or anxiety)? (Check one box on each line)

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 6. Accomplished less than you would like                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Didn't do work or other activities as carefully as usual | <input type="checkbox"/> | <input type="checkbox"/> |

8. During the past 4 weeks how much did pain interfere with your normal work (including both work outside the home and housework)? (Check one box)

- Not at all     A little bit     Moderately     Quite a bit     Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please choose the one answer that comes closest to the way you have been feeling.

- |   | 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         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 9. Have you felt calm and peaceful?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Did you have a lot of energy?       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you felt downhearted and blue? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

12. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your visiting with friends, relatives, etc.? (Check one box)

- All of the time     Most of the time     Some of the time  
 A little of the time     None of the time