Date			1	Name				
SF-8 <sup>TM</sup> Health Survey								
feel and Answer	d how we r every q n, please	ell you a uestion give the	re able to do y by selecting th e best answer y	our usual activit e answer as indic you can.	ies. cated. If you	are unsure abo	t keep track of how you but how to answer a escribes your answer.	
1.	Overall,	Overall, how would you rate your health during the <b>past 4 weeks</b> ?						
	Excelle	nt	Very Good	Good	Fair	Poor	Very Poor	
2.	During the <u>past 4 weeks</u> , how much did physical health problems limit your physical activities (such as walking or climbing stairs)?							
	Not at a	.11	Very little	Somewhat	Quite a le	ot Could n	ot do physical activities	
3.	During the <b>past 4 weeks</b> , how much difficulty did you have doing your daily work, both at hom and away from home, because of your physical health?							
	Not at a	.11	Very little	Somewhat	Quite a le	ot Could n	ot do daily work	
4.	How much bodily pain have you had during the past 4 weeks?							
	None	Very m	ild Mild	Mode	rate S	Severe	Very severe	
5.	During	During the <b>past 4 weeks</b> , how much energy did you have?						
	Very m	uch	Quite a lot	Some	A little	None		
6.	_	During the <b>past 4 weeks</b> , how much did your physical health or emotional problems limit your usual social activities with family or friends?						
	Not at a	.11	Very little	Somewhat	Quite a le	ot Could n	ot do social activities	
7.	During the <u>past 4 weeks</u> , how much have you been bothered by <u>emotional problems</u> (su feeling anxious, depressed or irritable)?						al problems (such as	
	Not at a	.11	Slightly	Moderately	Quite a le	ot Extreme	ely	
8.	During the <u>past 4 weeks</u> , how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?							
	Not at a	.11	Very little	Somewhat	Quite a le	ot Could n	ot do daily activities	
	Thank you for completing these questions.							