

## HEALTH SURVEY

*(Supersedes Short Form (SF) - 36)*

### PRIVACY ACT STATEMENT

**AUTHORITY:** Sections 1074f, 3013, 6013, 8013, Title 10, U.S. Code; and E.O. 9397.

**PRINCIPAL PURPOSE(S):** To assess your state of health after deployment or for any deployment related concern and to assist military health care providers in identifying and providing present and future medical care to you.

**ROUTINE USE(S):** To other Federal and State agencies and civilian health care providers as necessary, in order to provide necessary medical care and treatment.

**DISCLOSURE:** Voluntary; however, if information is not provided, health care WILL be furnished, but comprehensive care may not be possible.

**NAME** *(Last, Middle, First)*

**SSN**

**DATE**

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.

1. In general, would you say your health is: (Fill in the circle that best describes your answer.)

Excellent

Very Good

Good

Fair

Poor

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

Much better  
now than one  
year ago

Somewhat better  
now than one  
year ago

About the  
same as one  
year ago

Somewhat worse  
now than one  
year ago

Much worse  
now than one  
year ago

3. The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Select one circle on each line.)

- |  |                          |                             |                              |
|--|--------------------------|-----------------------------|------------------------------|
|  | Yes,<br>limited<br>a lot | Yes,<br>limited<br>a little | No, not<br>limited<br>at all |
| a. Vigorous Activities, such as running, lifting heavy objects, participating in strenuous sports  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| b. Moderate Activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| c. Lifting or carrying groceries   | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| d. Climbing several flights of stairs  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| e. Climbing one flight of stairs   | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| f. Bending, kneeling, or stooping  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| g. Walking more than a mile  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| h. Walking several hundred yards   | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| i. Walking one hundred yards   | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |
| j. Bathing or dressing yourself  | <input type="radio"/>    | <input type="radio"/>       | <input type="radio"/>        |

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- |   |                       |                       |                       |                         |                       |
|---|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|
|   | All of<br>the time    | Most of<br>the time   | Some of<br>the time   | A little of<br>the time | None of<br>the time   |
| a. Cut down on the amount of time you spent on work or other activities                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| b. Accomplished less than you would like  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| c. Were limited in the kind of work or other activities                                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |
| d. Had difficulty performing the work or other activities (for example, it took extra effort) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>   | <input type="radio"/> |

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<p>5. During the past 4 weeks, how much of the time 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)?</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">All of the time</th> <th style="text-align: center;">Most of the time</th> <th style="text-align: center;">Some of the time</th> <th style="text-align: center;">A little of the time</th> <th style="text-align: center;">None of the time</th> </tr> </thead> <tbody> <tr> <td>a. Cut down on the amount of time you spent on work or other activities</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>b. Accomplished less than you would like</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>c. Did work or other activities less carefully than usual</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>							All of the time	Most of the time	Some of the time	A little of the time	None of the time	a. Cut down on the amount of time you spent on work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. Did work or other activities less carefully than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																				
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<p>6. 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?</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Not at all</th> <th style="text-align: center;">Slightly</th> <th style="text-align: center;">Moderately</th> <th style="text-align: center;">Quite a bit</th> <th style="text-align: center;">Extremely</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>						Not at all	Slightly	Moderately	Quite a bit	Extremely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																		
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<p>7. How much bodily pain have you had during the past 4 weeks?</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">None</th> <th style="text-align: center;">Very mild</th> <th style="text-align: center;">Mild</th> <th style="text-align: center;">Moderate</th> <th style="text-align: center;">Severe</th> <th style="text-align: center;">Very severe</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>						None	Very mild	Mild	Moderate	Severe	Very severe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																																
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<p>9. 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.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">How much of the time during the past 4 weeks:</th> <th style="text-align: center;">All of the time</th> <th style="text-align: center;">Most of the time</th> <th style="text-align: center;">Some of the time</th> <th style="text-align: center;">A little of the time</th> <th style="text-align: center;">None of the time</th> </tr> </thead> <tbody> <tr> <td>a. Did you feel full of life?</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>b. 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<p>11. How TRUE or FALSE is each of the following statements to you?</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Definitely true</th> <th style="text-align: center;">Mostly true</th> <th style="text-align: center;">Don't know</th> <th style="text-align: center;">Mostly false</th> <th style="text-align: center;">Definitely false</th> </tr> </thead> <tbody> <tr> <td>a. I seem to get sick a little easier than other people</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>b. I am as healthy as anybody I know</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>c. I expect my health to get worse</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> <tr> <td>d. My health is excellent</td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </tbody> </table>							Definitely true	Mostly true	Don't know	Mostly false	Definitely false	a. I seem to get sick a little easier than other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	b. I am as healthy as anybody I know	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	c. I expect my health to get worse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	d. My health is excellent	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																														
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