Patient Label

UNIVERSITY of CALIFORNIA · IRVINE
HEALTHCARE

THE SF-12™ HEALTH SURVEY
QUALITY METRICS' SHORT FORM – 12 ITEM

Instructions for Completing the Questionnaire

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by check the box that best represents your response.

EXAMPLE

This is for your review. Do not answer this question. The questionnaire begins with the section ***Your Health in General*** below.

For each question you will be asked to check a box in each line:

1. How strongly do you agree or disagree with each of the following statements?

	Strongly agree	Agree	Uncertain	Disagree	Strongly Disagree
a) I enjoy listening to music	☐	☐	☐	☐	☐
b) I enjoy reading magazines	☐	☐	☐	☐	☐

Please begin answering the questions now.

Your Health in General

1. In general would you say your health is:

Excellent	Very Good	Good	Fair	Poor
☐	☐	☐	☐	☐

2. 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, Limited a Lot	Yes, Limited a Little	No, Not Limited At All
a) **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐	☐	☐
b) Climbing **several** flights of stairs	☐	☐	☐

3. 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
a) **Accomplished less** than you would like	☐	☐
b) Were limited in the **kind** of work or other activities	☐	☐

Please turn the page to continue

All documentation must indicate the specific date and time of entry and a signature complete with identifying credential, title or classification.

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4. 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
a) **Accomplished less** than you would like	☐	☐
b) Didn't do work or other activities as **carefully** as usual	☐	☐

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

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

6. 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 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
a) Have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
b) Did you have a lot of energy?	☐	☐	☐	☐	☐	☐
c) Have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐

7. 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.)?

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

***THANK YOU* FOR COMPLETING THIS QUESTIONNAIRE!**

Patient Signature: _____ Date: _____ Time: _____

Provider Signature/Title: _____ Date: _____ Time: _____