

12-Item Short Form Survey (SF-12)

Date: _____ dd / mm / yyyy Patient name: _____

Visit type:

- Preop
 6 week
 3 month
 6 month
 12 month
 24 month

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer each question by choosing just one answer. If you are unsure how to answer a question, please give the best answer you can.

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

- Excellent
 Very good
 Good
 Fair
 Poor

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?

2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf:

- Yes, limited a lot
 Yes, limited a little
 No, not limited at all

3. Climbing several flights of stairs.

- Yes, limited a lot
 Yes, limited a little
 No, not limited at all

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?

4. Accomplished less than you would like.

- Yes No

5. Were limited in the kind of work or other activities.

- Yes No

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)?

6. Accomplished less than you would like.

- Yes No

7. Did work or activities less carefully than usual.

- Yes No

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

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

These questions are about how you have been feeling 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...

9. Have you felt calm and peaceful?

- 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

10. Did you have a lot of energy?

- 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

11. Have you felt down-hearted and blue?

- 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

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

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

FOR CLINICIANS ONLY

Physical component summary:

Mental component summary: