SLEEP HEART HEALTH

SLEEP HEART HEALTH STUDY

Quality of Life Survey (SF 36)

ID#: PPTID

Field Center: SITE25

Today's date: DATE25 ____ ____ ____
month day year

This survey asks you for your views about your health. Answer every question by checking the appropriate response. If you are unsure about how to answer a question, please give the best answer you can and make a comment in the left margin.

1 **In general, would you say your health is:** (Check one box.) GENHTH25

Excellent	☐ 1	Fair	☐ 4
Very good	☐ 2	Poor	☐ 5
Good	☐ 3		

2 **Compared to one year ago, how would you rate your health in general now?** (Check one box.) CMP1YR25

Much better now	☐ 1	Somewhat worse now	☐ 4
Somewhat better now	☐ 2	Much worse now	☐ 5
About the same	☐ 3		

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?** (Check one box for each question.)

		Yes, limited a lot	Yes, limited a little	No, not limited at all
VIGACT25	a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.	☐ 1	☐ 2	☐ 3
MODACT25	b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.	☐ 1	☐ 2	☐ 3
LIFT25	c. Lifting or carrying groceries.	☐ 1	☐ 2	☐ 3
CLIMBS25	d. Climbing several flights of stairs.	☐ 1	☐ 2	☐ 3
CLIMB125	e. Climbing one flight of stairs.	☐ 1	☐ 2	☐ 3
BEND25	f. Bending, kneeling, or stooping.	☐ 1	☐ 2	☐ 3
WK1ML25	g. Walking more than a mile.	☐ 1	☐ 2	☐ 3
WKSBLK25	h. Walking several blocks.	☐ 1	☐ 2	☐ 3
WL1BLK25	i. Walking one block.	☐ 1	☐ 2	☐ 3
BATHE25	j. Bathing and dressing yourself.	☐ 1	☐ 2	☐ 3

4 **During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?** (Please check either YES or NO for each question.)

		Yes	No
PHCTDN25	a. Cut down on the amount or time you spent on work or other activities.	☐ 1	☐ 0
PHACLS25	b. Accomplished less than you would like.	☐ 1	☐ 0
LIMIT25	c. Were limited in the kind of work or other activities you were able to do.	☐ 1	☐ 0
EXEFRT25	d. Had difficulty performing the work or other activities. (For example, it took extra effort.)	☐ 1	☐ 0

5 **During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of emotional problems (such as feeling depressed or anxious)?** (Please check either YES or NO for each question.)

		Yes	No
EMCTDN25	a. Cut down on the amount or time you spent on work or other activities.	☐ 1	☐ 0
EMACLS25	b. Accomplished less than you would like.	☐ 1	☐ 0
LIMIT25	c. Didn't do work or other activities as carefully as usual.	☐ 1	☐ 0

6 **During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?** (Check one box.) PROBSA25

- ☐ 1 Not at all
- ☐ 2 Slightly
- ☐ 3 Moderately
- ☐ 4 Quite a bit
- ☐ 5 Extremely

7 **How much bodily pain have you had during the past four weeks?** (Check one box.BDPAIN25

- ☐ 1 None
- ☐ 2 Very mild
- ☐ 3 Mild
- ☐ 4 Moderate
- ☐ 5 Severe
- ☐ 6 Very severe

8 **During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework?** (Check one box.) PAININ25

- ☐ 1 Not at all
- ☐ 2 Slightly
- ☐ 3 Moderately
- ☐ 4 Quite a bit
- ☐ 5 Extremely

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

During the past 4 weeks, how much of the time...

		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
PEP25	a. Did you feel full of pep?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
NRVOUS25	b. Have you been a very nervous person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
DOWN25	c. Have you felt so down in the dumps that nothing could cheer you up?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
CALM25	d. Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
ENERG25	e. Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
BLUE25	f. Have you felt downhearted and blue?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
WORN25	g. Did you feel worn out?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
HAPPY25	h. Have you been a happy person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
TIRED25	i. Did you feel tired?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

10 **During the past 4 weeks, how much of the time has your health limited your social activities (like visiting with friends or close relatives)?** (Check one box.) HLTHLM25

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

11 **Please choose the answer that best describes how true or false each of the following statements is for you.** (Check one box for each statement.)

		Definitely true	Mostly true	Not sure	Mostly false	Definitely false
SICKEZ25	a. I seem to get sick a little easier than other people.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
HLTHY25	b. I am as healthy as anybody I know.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
WORSE25	c. I expect my health to get worse.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
EXCLNT25	d. My health is excellent.	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Field Center Use Only ☐ 0 Self adminis WHOADM25 ☐ 1 Interviewer administered

Interviewer or Reviewer INTID25 ____ Date: RDATE25 ____ ____

month day year