**SF-12 Health Survey**

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.

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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?

<table>
<thead>
<tr>
<th>YES, limited a lot</th>
<th>YES, limited a little</th>
<th>NO, not limited at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
</tr>
</tbody>
</table>

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

3. Climbing **several** flights of stairs.

   **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**

   4. **Accomplished less** than you would like.

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

   **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**

   6. **Accomplished less** than you would like.

   7. **Did work or activities less carefully than usual.**

   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...**

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ 1</td>
<td>□ 2</td>
<td>□ 3</td>
<td>□ 4</td>
<td>□ 5</td>
<td>□ 6</td>
</tr>
</tbody>
</table>

9. **Have you felt calm & peaceful?**

10. **Did you have a lot of energy?**

11. **Have you felt down-hearted and blue?**

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

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Patient name:  
Date:  
PCS:  
MCS:  

Visit type (circle one)  
Preop 6 week 3 month 6 month 12 month 24 month Other:________