



57987



Interviewer (initials)

[ ][ ][ ]

COPD Gene ID

[ ][ ][ ][ ][ ][ ]

Month

[ ][ ]

Day

[ ][ ]

Year

[ ][ ][ ][ ]

Center (eg, NJC)

[ ][ ][ ]

### SF-36 Health Survey

1. In general, would you say your health is

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Much better
- Somewhat better
- About the same
- Somewhat worse
- Much worse

3. 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?

	<i>Limited a lot</i>	<i>Limited a little</i>	<i>Not at all</i>
a. <i>Vigorous activities</i> Running, lifting heavy objects, participating in strenuous sports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <i>Moderate activities</i> Moving a table, pushing a vacuum cleaner, bowling, 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 <i>several</i> flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Climbing <i>one</i> 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 <i>more than a mile</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Walking <i>several hundred yards</i>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Walking <i>one hundred yards</i>	<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*?

	<i>All of the time</i>	<i>Most of the time</i>	<i>Some of the time</i>	<i>A little of the time</i>	<i>None of the time</i>
a. Cut down on the amount of time you spend 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 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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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?

- |  | <i>All of the time</i> | <i>Most of the time</i> | <i>Some of the time</i> | <i>A little of the time</i> | <i>None of the time</i> |
|--|------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|
| a. Cut down on the <i>amount of time</i> you spent on work or other activities | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>       | <input type="radio"/>   |
| b. <i>Accomplished less</i> 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 <i>less carefully</i> than usual               | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>       | <input type="radio"/>   |

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?

- Not at all    Slightly    Moderately    Quite a bit    Extremely

7. How much *bodily pain* have you had during the *past 4 weeks*?

- None    Very mild    Mild    Moderate    Severe    Very severe

8. 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

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. How much of the time during the past 4 weeks

- |  | <i>All of the time</i> | <i>Most of the time</i> | <i>Some of the time</i> | <i>A little of the time</i> | <i>None of the time</i> |
|--|------------------------|-------------------------|-------------------------|-----------------------------|-------------------------|
| a. Did you feel full of life?  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>       | <input type="radio"/>   |
| b. Have you been very nervous?   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>       | <input type="radio"/>   |
| c. Have you felt so down in the dumps that nothing could cheer you up? | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>       | <input type="radio"/>   |
| d. Have you felt calm and peaceful?                                    | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>       | <input type="radio"/>   |
| e. Did you have a lot of energy?                                       | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>       | <input type="radio"/>   |
| f. Have you felt downhearted and depressed?                            | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>       | <input type="radio"/>   |
| g. Did you feel worn out?  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>       | <input type="radio"/>   |
| h. Have you been happy?  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>       | <input type="radio"/>   |
| i. Did you feel tired?   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>       | <input type="radio"/>   |





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10. During the *past 4 weeks*, how much of the time has your physical health or emotional problems interfered 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

11. How *true* or *false* is each of the following statements for you?

	<i>Definitely true</i>	<i>Mostly true</i>	<i>Don't know</i>	<i>Mostly false</i>	<i>Definitely false</i>
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"/>

