**36-Item Short Form Survey Instrument (SF-36)**

*RAND 36-Item Health Survey 1.0 Questionnaire Items.*

This document was originally developed at RAND as part of a Medical Outcomes Study.

Alterations have been made to the original Health Survey, including the addition of a ‘Before Prosthetic’ and an ‘After Prosthetic’ condition. Some questions (2, 13-23, and 31-32) have been adapted by removing words and time-frames.

An extra question has been added at the start of the survey, asking to provide information on the type of amputation each participant has undergone.

As explained on the Participant Information Sheet, by completing or upon receipt of your completed survey, you are consenting to participate in this research.

Please send all completed surveys to s4916350@bournemouth.ac.uk

Before you start the questionnaire, please can you state the location/type of amputation you have undergone?

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

**Before** Prosthetic **After** Prosthetic

[ ]  1 – Excellent [ ]  1 – Excellent

[ ]  2 – Very good [ ]  2 – Very good

[ ]  3 -Good [ ]  3 – Good

[ ]  4 – Fair [ ]  4 – Fair

[ ]  5 – Poor [ ]  5 – Poor

1. How would you rate your health in general now?

**Before** Prosthetic

[ ]  1 – Much better now that one year ago.

[ ]  2 – Somewhat better now than one year ago.

[ ]  3 – About the same.

[ ]  4 – Somewhat worse now than a year ago.

[ ]  5 – Much worse now than a year ago.

**After** Prosthetic

[ ]  1 – Much better now than one year ago.

[ ]  2 – Somewhat better now than one year ago.

[ ]  3 – About the same.

[ ]  4 – Somewhat worse now than a year ago.

[ ]  5 – Much worse than a year ago.

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?

|  |  |  |
| --- | --- | --- |
|  | **Before** Prosthesis | **After** prosthesis |
|  | Yes, limited a lot. | Yes, limited a little. | No, not limited at all. | Yes, limited a lot. | Yes, limited a little. | No, not limited at all. |
| **3.Vigourous Activities**, such as running, lifting heavy objects, participating in strenuous sport. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 4.**Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 5.Lifting or carrying Groceries. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 6.Climbing **several** flights of stairs. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 7.Climbing **one** flight of stairs. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 8.Bending, kneeling, or stooping. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 9.Walking **more than a mile**. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 10.Walking **several blocks**. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 11.Walking **one block** (80m x 274m). | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 12.Bathing or dressing yourself. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

Have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**?

|  |  |  |
| --- | --- | --- |
|  | **Before** Prosthesis | **After** Prosthesis |
|  | Yes | No | Yes | No |
| 13.Cut down the **amount of time** you spent on work or other activities. | [ ]  | [ ]  | [ ]  | [ ]  |
| 14.**Accomplished less** than you would like. | [ ]  | [ ]  | [ ]  | [ ]  |
| 15.Were limited in the **kind** of work or other activities. | [ ]  | [ ]  | [ ]  | [ ]  |
| 16.Had **difficulty** performing the work or other activities (for example, it took extra effort). | [ ]  | [ ]  | [ ]  | [ ]  |

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)?

|  |  |  |
| --- | --- | --- |
|  | **Before** Prosthesis | **After** Prosthesis |
|  | Yes | No | Yes  | No |
| 17.Cut down the **amount of time** you spent on work or other activities. | [ ]  | [ ]  | [ ]  | [ ]  |
| 18.**Accomplished less** than you would like. | [ ]  | [ ]  | [ ]  | [ ]  |
| 19.Didn’t do work or other activities as **carefully** as usual. | [ ]  | [ ]  | [ ]  | [ ]  |

20. To what extent has your physical or emotional problems interfered with your normal social activities with family, neighbours, or groups?

**Before** Prosthesis **After** Prosthesis

[ ]  1 – Not at all. [ ]  1 – Not at all.

[ ]  2 – Slightly. [ ]  2 – Slightly.

[ ]  3 – Moderately. [ ]  3 – Moderately.

[ ]  4 – Quite a bit. [ ]  4 – Quite a bit.

[ ]  5 – Extremely. [ ]  5 – Extremely.

21. How much **bodily pain** have you experienced?

**Before** Prosthesis **After** Prosthesis

[ ]  1 – None. [ ]  1 – None.

[ ]  2 – Very mild. [ ]  2 – Very mild.

[ ]  3 – Mild. [ ]  3 – Mild.

[ ]  4 – Moderate. [ ]  4 – Moderate.

[ ]  5 – Severe. [ ]  5 – Severe.

[ ]  6 – Very severe. [ ]  6 – Very severe.

22. How much did **pain** interfere with your normal work (including both work outside the home and housework)?

**Before** Prosthesis **After** Prosthesis

[ ]  1 – Not at all. [ ]  1 – Not at all.

[ ]  2 – A little bit. [ ]  2 – A little bit.

[ ]  3 – Moderately. [ ]  3 – Moderately.

[ ]  4 – Quite a bit. [ ]  4 – Quite a bit.

[ ]  5 – Extremely. [ ]  5 – Extremely.

These questions are about how you feel and how things have been with you. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time…

|  |  |  |
| --- | --- | --- |
|  | **Before** Prosthesis | **After** Prosthesis |
|  | All of the time. | Most of the time. | A good bit of the time.  | Some of the time. | A little 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. |
| 23.Did you feel full of prep? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 24.Have you been a very nervous person? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 25.Have you felt so down in the dumps that nothing could cheer you up.  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 26.Have you felt calm and peaceful? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 27.Did you have a lot of energy? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 28.Have you felt downhearted and blue? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 29.Did you feel worn out? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 30.Have you been a happy person? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 31.Did you feel tired? | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

32. How much of the time has **your physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

**Before** Prosthesis **After** Prosthesis

[ ]  1 – All of the time. [ ]  1 – All of the time.

[ ]  2 – Most of the time. [ ]  2 – Most of the time.

[ ]  3 – Some of the time. [ ]  3 – Some of the time.

[ ]  4 – A little bit of the time. [ ]  4 – A little bit of the time.

[ ]  5 – None of the time. [ ]  5 – None of the time.

How TRUE or FALSE is **each** of the following statements for you.

|  |  |  |
| --- | --- | --- |
|  | **Before** Prosthesis. | **After** Prosthesis. |
|  | Definitely true. | Mostly true. | Don’t know. | Mostly false. | Definitely false. | Definitely true. | Mostly true. | Don’t know. | Mostly false. | Definitely true. |
| 33.I seem to get sick a little easier than other people.  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 34.I am as health as anybody I know. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 35.I expect my health to get worse. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| 36.My health is excellent. | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |