APPENDIX I

SF - 36 QUESTIONNAIRE

This questionnaire asks for your views about your health. This information will keep track of how you feel and how well you are able to do your usual activities. Thank you for completing this questionnaire.

Name: R. M.  
ID#: 123456789
Date: 11/12/2010  
Age: 52 yrs.  
Lab: CEMILAC, Bangalore
Gender: M / F

Please answer the 36 questions of the Health Survey completely, honestly, and without interruptions. For each of the following questions, please mark an 'X' in the circle the best describes your answer.

GENERAL HEALTH:

In general, would you say your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

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

- Much better now than one year ago
- Somewhat better now than one year ago
- About the same
- Somewhat worse now than one year ago
- Much worse than one year ago

LIMITATIONS OF ACTIVITIES:

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?

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.

- Yes, Limited a lot
- Yes, Limited a Little
- No, Not Limited at all

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

Lifting or carrying groceries

- Yes, Limited a lot
- Yes, Limited a Little
- No, Not Limited at all

Climbing several flights of stairs

- Yes, Limited a lot
- Yes, Limited a Little
- No, Not Limited at all

Climbing one flight of stairs

- Yes, Limited a lot
- Yes, Limited a Little
- No, Not Limited at all

Bending, kneeling, or stooping

- Yes, Limited a lot
- Yes, Limited a Little
- No, Not Limited at all

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Walking more than a mile (1.6 Km)
- Yes, Limited a lot
- Yes, Limited a Little
- No, Not Limited at all

Walking several blocks (about 500 mts)
- Yes, Limited a lot
- Yes, Limited a Little
- No, Not Limited at all

Walking one block (50 mts)
- Yes, Limited a lot
- Yes, Limited a Little
- No, Not Limited at all

Bathing or dressing yourself
- Yes, Limited a lot
- Yes, Limited a Little
- No, Not Limited at all

PHYSICAL HEALTH PROBLEMS:
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?

Cut down the amount of time you spent on work or other activities
- Yes
- No

Accomplished less than you would like
- Yes
- No

Were limited in the kind of work or other activities
- Yes
- No

Had difficulty performing the work or other activities (for example, it took extra effort)
- Yes
- No

EMOTIONAL HEALTH PROBLEMS:
During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of any emotional problems (feeling depressed or anxious)?

Cut down the amount of time you spent on work or other activities
- Yes
- No

Accomplished less than you would like
- Yes
- No

Didn't do work or other activities as carefully as usual
- Yes
- No

SOCIAL ACTIVITIES:
Emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?
- Not at all
- Slightly
- Moderately
- Severe
- Very Severe
PAIN:

How much bodily pain have you had during the past 4 weeks?
- None
- Very Mild
- Mild
- Moderate
- Severe
- Very Severe

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside home and housework)?
- Not at all
- A little bit
- Moderately
- Quite a bit
- Extremely

ENERGY AND EMOTIONS:

These questions are about how you feel and how things have been with you during the last 4 weeks. For each question, please give the answer that comes closest to the way you have been feeling.

Did you feel full of pep?
- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

Have you been a very nervous person?
- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

Have you felt so down in the dumps that nothing could cheer you up?
- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

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 bit of the time
- None of the Time

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 bit of the time
- None of the Time
Have you felt downhearted and blue?
- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

Did you feel worn out?
- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

Have you been a happy person?
- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

Did you feel tired?
- All of the time
- Most of the time
- A good Bit of the Time
- Some of the time
- A little bit of the time
- None of the Time

GENERAL HEALTH:
How true or false is each of the following statements for you?

I seem to get sick a little easier than other people
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

I am as healthy as anybody I know
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

I expect my health to get worse
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

My health is excellent
- Definitely true
- Mostly true
- Don't know
- Mostly false
- Definitely false

SOCIAL ACTIVITIES:
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