Date _		N	ame				
			SF-8 <sup>TM</sup> Heal	th Survey			
feel and Answer	d how well your every question, please give	are able to do you n by selecting the the best answer y	our usual activite answer as indicou can.	ies. cated. If you are	ill help you keep tra unsure about how t that best describes	to answer a	
1.	Overall, how	Overall, how would you rate your health during the <b>past 4 weeks</b> ?					
	Excellent	Very Good	Good	Fair	Poor	Very Poor	
2.	During the <u>past 4 weeks</u> , how much did physical health problems limit your physical activities (such as walking or climbing stairs)?						
	Not at all	Very little	Somewhat	Quite a lot	Could not do ph	ysical activities	
3.	During the <u>past 4 weeks</u> , how much difficulty did you have doing your daily work, both at hon and away from home, because of your physical health?						
	Not at all	Very little	Somewhat	Quite a lot	Could not do da	ily work	
4.	How much <u>bodily</u> pain have you had during the <u>past 4 weeks?</u>						
	None Very	mild Mild	Mode	erate Seve	re Very se	Very severe	
5.	. During the <b>past 4 weeks</b> , how much energy did you have?						
	Very much	Quite a lot	Some	A little	None		
6.	6. During the <b>past 4 weeks</b> , how much did your physical health or emotional problems usual social activities with family or friends?						
	Not at all	Very little	Somewhat	Quite a lot	Could not do so	cial activities	
7.	During the <u>past 4 weeks</u> , how much have you been bothered by <u>emotional problems</u> (such as feeling anxious, depressed or irritable)?						
	Not at all	Slightly	Moderately	Quite a lot	Extremely		
8.	During the <u>past 4 weeks</u> , how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?						
	Not at all	Very little	Somewhat	Quite a lot	Could not do da	ily activities	
	Thank you for	r completing thes	e questions.				