

SF-12v2™ Health Survey

(SF-12 v2 Standard, US Version 2.0)

Event: SF-12v2 Interval: Baseline Study: SOLAS_DEG Database: NuVasive PhDxID: _____

To be completed by the PATIENT

Directions: This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. If you need to change an answer, completely erase the incorrect mark and fill in the correct circle. If you are unsure about how to answer a question, please give the best answer you can.

Today's Date (MM/DD/YY)

		/			/		
--	--	---	--	--	---	--	--

Shade circles like this:
 Not like this:

Mark only one answer for each question. Please do not mark outside the circles or make stray marks on the questionnaire.

	Excellent	Very Good	Good	Fair	Poor
01. In general, would you say your health is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>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?</i>					
	Yes, limited a lot	Yes, limited a little	No, not limited at all		
02. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
03. Climbing several flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<i>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	Most of the time	Some of the time	A little of the time	None of the time
04. Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
05. Were limited in the kind of work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>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	Most of the time	Some of the time	A little of the time	None of the time
06. Accomplished less than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
07. Did work or activities less carefully than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?</i>					
	Not at all	A little bit	Moderately	Quite a bit	Extremely
08. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>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	Most of the time	Some of the time	A little of the time	None of the time
09. Have you felt calm and peaceful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Did you have a lot of energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Have you felt downhearted and depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56129

