

12-Item Short Form Survey (SF-12)

Name

Date

Visit Type

☐ Pre-op ☐ 6 week ☐ 3 month ☐ 6 month ☐ 12 month ☐ 24 month ☐ Other:

The SF-12 asks for your perspective on your health. The information gathered from this survey will help monitor how you feel and how well you can do certain activities. Please answer the questions thoroughly and honestly.

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

☐ 1. Excellent ☐ 2. Very Good ☐ 3. Good ☐ 4. Fair ☐ 5. Poor

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?

2. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

☐ 1. Yes, Limited a Lot ☐ 2. Yes, Limited a Little ☐ 3. No, Not Limited at all

3. Climbing several flights of stairs

☐ 1. Yes, Limited a Lot ☐ 2. Yes, Limited a Little ☐ 3. No, Not Limited at all

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?

4. Accomplished less than you would like

☐ 1. Yes ☐ 2. No

5. Were limited in the kind of work or other activities

☐ 1. Yes ☐ 2. No

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 any emotional problems (such as feeling depressed or anxious)?

6. Accomplished less than you would like

☐ 1. Yes ☐ 2. No

7. Didn't do work or other activities as carefully as usual

☐ 1. Yes ☐ 2. No

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

☐ 1. Not at all ☐ 2. A little bit ☐ 3. Moderately ☐ 4. Quite a bit ☐ 5. Extremely

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.

9. Have you felt calm and peaceful?

☐ 1. All of the time ☐ 2. Most of the time ☐ 3. A good bit of the time
☐ 4. Some of the time ☐ 5. A little bit of the time ☐ 6. None of the time

10. Did you have a lot of energy?

☐ 1. All of the time ☐ 2. Most of the time ☐ 3. A good bit of the time
☐ 4. Some of the time ☐ 5. A little bit of the time ☐ 6. None of the time

11. Have you felt downhearted or blue?

- | | | |
|--|--|--|
| ☐ 1. All of the time | ☐ 2. Most of the time | ☐ 3. A good bit of the time |
| ☐ 4. Some of the time | ☐ 5. A little bit of the time | ☐ 6. None of the time |

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 with friends, relatives, etc.)?

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|--|--|--|
| ☐ 1. All of the time | ☐ 2. Most of the time | ☐ 3. A good bit of the time |
| ☐ 4. Some of the time | ☐ 5. A little bit of the time | ☐ 6. None of the time |

TOTAL SCORE:

Additional Note