

BRICS NINR SF-36

BRICS NINR SF-36 Affective Well-Being

Administration

Main

1. Global unique identifier number

2. Subject identifier number


3. Age in years

 ☐ Years

4. Vital status

- ☐ Alive
☐ Dead
☐ Unknown

5. Visit date

6. Site name

7. Days since baseline

 ☐ days

8. Case control indicator

9. General notes text

Form Administration

10. Context Type

- ☐ Follow-up 1
☐ Follow-up 2
☐ Follow-up 3
☐ Follow-up 4
☐ Follow-up 5
☐ Other, specify

11. Context type other text

12. Data source

- ☐ Participant/subject
☐ Friend
☐ Chart/Medical record
☐ Family, specify relation
☐ Physician
☐ Other, specify

13. Data source other text

SF-36

14. In general, would you say your health is

- ☐ Excellent **1**
☐ Very good **2**
☐ Good **3**
☐ Fair **4**
☐ Poor **5**

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

- ☐ Much better now than one year ago **1**
☐ Somewhat better now than one year ago **2**
☐ About the same **3**
☐ Somewhat worse now than one year ago **4**
☐ Much worse than one year ago **5**

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?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
16. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
17. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
18. Lifting or carrying groceries	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
19. Climbing several flights of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
20. Climbing one flight of stairs	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
21. Bending, kneeling, or stooping	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
22. Walking more than a mile	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
23. Walking several blocks	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
24. Walking one block	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3
25. Bathing or dressing yourself	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3

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?

	Yes	No
26. Cut down the amount of time you spent on work or other activities	<input type="radio"/> 1	<input type="radio"/> 2
27. Accomplished less than you would like	<input type="radio"/> 1	<input type="radio"/> 2
28. Were limited in the kind of work or other activities	<input type="radio"/> 1	<input type="radio"/> 2
29. Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="radio"/> 1	<input type="radio"/> 2

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)?

	Yes	No
30. Cut down the amount of time you spent on work or other activities	<input type="radio"/> 1	<input type="radio"/> 2
31. Accomplished less than you would like	<input type="radio"/> 1	<input type="radio"/> 2
32. Didn't do work or other activities as carefully as usual	<input type="radio"/> 1	<input type="radio"/> 2

33. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

- ☐ Not at all **1**
☐ Slightly **2**
☐ Moderately **3**
☐ Quite a bit **4**
☐ Extremely **5**

34. How much bodily pain have you had during the past 4 weeks?

- ☐ None **1**
☐ Very mild **2**
☐ Mild **3**
☐ Moderate **4**
☐ Severe **5**
☐ Very severe **6**

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

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

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...

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
36. Did you feel full of pep?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
37. Have you been a very nervous person?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
38. Have you felt so down in the dumps that nothing could cheer you up?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
39. Have you felt calm and peaceful?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
40. Did you have a lot of energy?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
41. Have you felt downhearted and blue?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
42. Did you feel worn out?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
43. Have you been a happy person?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6
44. Did you feel tired?	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
45. 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"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

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

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
46. I seem to get sick a little easier than other people	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
47. I am as healthy as anybody I know	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
48. I expect my health to get worse	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
49. My health is excellent	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5