

VIEW MODE

BRICS NINR 36-Item Short Form Health Survey_(SF-36) **version 1**

Contains data elements for the SF-36 version 1 instrument [Examples of CDEs included: In general would you say your health is and compared to one year ago, how would you rate your health in general now]&quot;

Main

*Global Unique Identifier	<input type="text"/>
Participant or subject identification number	<input type="text"/>
Age in years	<input type="text"/>
Vital status on discharge	<input type="radio"/> Alive <input type="radio"/> Dead <input type="radio"/> Unknown
Visit Date	<input type="text"/> Format: YYYY-MM-DD HH:MM
Site Name	<input type="text"/>
Days since baseline	<input type="text"/>
Case control indicator	<input type="radio"/> Case <input type="radio"/> Control <input type="radio"/> Unknown
Use this field to capture additional information	<input type="text"/>

VIEW MODE

Form Administration

Context to which the questions were answered

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

Specify the other context to which the questions were answered.

Indicate how the medical/family history information was obtained

- Brother
- Chart/Medical record
- Daughter
- Family, specify relation
- Father
- Friend
- Mother
- Participant/subject
- Physician
- Sister
- Son
- Unknown
- Other, specify

Other, specify

What is the ISO 639 code for the language the form/instrument has been administrated?

- Hungarian
- Russian
- Hindi
- Iranian languages
- Other specify
- English
- French
- Dutch
- Italian
- Japanese
- Vietnamese
- Greek
- Portuguese
- Chinese
- Finnish
- German
- Hebrew
- Danish
- Spanish
- Czech

V I E W M O D E

- Norwegian
- Sign language

Other, specify

V I E W M O D E

SF-36 Version 1

In general, would you say your health is	<input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
Compared to one year ago, how would you rate your health in general now?	<input type="radio"/> Much better now than one year ago <input type="radio"/> somewhat better now than one year ago <input type="radio"/> About the same <input type="radio"/> Somewhat worse now than one year ago <input type="radio"/> much worse now than one year ago
Does your health now limit you in: Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?	<input type="radio"/> Yes, limited a lot <input type="radio"/> Yes, limited a little <input type="radio"/> No, not limited at all
Does your health now limit you in: Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	<input type="radio"/> Yes, limited a lot <input type="radio"/> Yes, limited a little <input type="radio"/> No, not limited at all
Does your health now limit you in: Lifting or carrying groceries?	<input type="radio"/> Yes, limited a lot <input type="radio"/> Yes, limited a little <input type="radio"/> No, not limited at all
Does your health now limit you in: Climbing several flights of stairs?	<input type="radio"/> Yes, limited a lot <input type="radio"/> Yes, limited a little <input type="radio"/> No, not limited at all
Does your health now limit you in: Climbing one flight of stairs?	<input type="radio"/> Yes, limited a lot <input type="radio"/> Yes, limited a little <input type="radio"/> No, not limited at all
Does your health now limit you in: Bending, kneeling, or stooping?	<input type="radio"/> Yes, limited a lot <input type="radio"/> Yes, limited a little <input type="radio"/> No, not limited at all
Does your health now limit you in: Walking more than a mile?	<input type="radio"/> Yes, limited a lot <input type="radio"/> Yes, limited a little <input type="radio"/> No, not limited at all
Does your health now limit you in: Walking several blocks?	<input type="radio"/> Yes, limited a lot <input type="radio"/> Yes, limited a little <input type="radio"/> No, not limited at all
Does your health now limit you in: Walking one block?	<input type="radio"/> Yes, limited a lot <input type="radio"/> Yes, limited a little <input type="radio"/> No, not limited at all
Does your health now limit you in: Bathing or dressing yourself?	<input type="radio"/> Yes, limited a lot <input type="radio"/> Yes, limited a little <input type="radio"/> No, not limited at all
During the past 4 weeks, have you: Cut down on the amount of time you spent on work or other activities?	<input type="radio"/> Yes <input type="radio"/> No

VIEW MODE

During the past 4 weeks, have you: Accomplished less than you would like?	<input type="radio"/> Yes <input type="radio"/> No
During the past 4 weeks, you: Were limited in the kind of work or other activities?	<input type="radio"/> Yes <input type="radio"/> No
During the past 4 weeks, have you: Had difficulty performing the work or other activities (for example, it took extra effort)?	<input type="radio"/> Yes <input type="radio"/> No
During the past 4 weeks, have you: Cut down on the amount of time you spent on work or other activities?	<input type="radio"/> Yes <input type="radio"/> No
During the past 4 weeks, have you: Accomplished less than you would like?	<input type="radio"/> Yes <input type="radio"/> No
During the past 4 weeks, you: Didn't do work or other activities as carefully as usual?	<input type="radio"/> Yes <input type="radio"/> No
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?	<input type="radio"/> Not at all <input type="radio"/> Slightly <input type="radio"/> Moderately <input type="radio"/> Quite a bit <input type="radio"/> extremely
How much bodily pain have you had during the past 4 weeks?	<input type="radio"/> None <input type="radio"/> Very mild <input type="radio"/> Mild <input type="radio"/> Moderate <input type="radio"/> Severe <input type="radio"/> Very severe
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"/> Not at all <input type="radio"/> A little bit <input type="radio"/> Moderately <input type="radio"/> Quite a bit <input type="radio"/> extremely
How much of the time during the past 4 weeks: Did you feel full of pep?	<input type="radio"/> All of the time <input type="radio"/> Most of the time <input type="radio"/> A good bit of the time <input type="radio"/> Some of the time <input type="radio"/> A little of the time <input type="radio"/> None of the time
How much of the time during the past 4 weeks: Have you been a very nervous person?	<input type="radio"/> All of the time <input type="radio"/> Most of the time <input type="radio"/> A good bit of the time <input type="radio"/> Some of the time <input type="radio"/> A little of the time <input type="radio"/> None of the time

VIEW MODE

How much of the time during the past 4 weeks: 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 of the time
 None of the time

How much of the time during the past 4 weeks: 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 of the time
 None of the time

How much of the time during the past 4 weeks: 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 of the time
 None of the time

How much of the time during the past 4 weeks: 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 of the time
 None of the time

How much of the time during the past 4 weeks: 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 of the time
 None of the time

How much of the time during the past 4 weeks: 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 of the time
 None of the time

How much of the time during the past 4 weeks: Did you feel tired?

- 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

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
 Most of the time
 Some of the time
 A little of the time
 None of the time

V I E W M O D E 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

VIEW MODE

SF-36 Version 1 Scoring

Emotional well-being score	<input type="text"/>
Energy/fatigue score	<input type="text"/>
Role functioning/physical score	<input type="text"/>
Change in health score	<input type="text"/>
General health score	<input type="text"/>
Pain score	<input type="text"/>
Physical functioning score	<input type="text"/>
Role functioning/emotional score	<input type="text"/>
Social functioning score	<input type="text"/>