

**S.O.L.V.E.D**  
**SF-12v2<sup>TM</sup> Health Survey**  
*(SF-12 v2 Standard, US Version 2.0)*  
**To be completed by the PATIENT**

(For Internal Use Only)

Patient Study Number	Completed By: _____ Clinic: _____
Visit Date (MM/DD/YY) ____ / ____ / ____	Visit Schedule <i>(check appropriate box)</i> <input type="checkbox"/> Preop <input type="checkbox"/> 3 mo <input type="checkbox"/> 6 mo <input type="checkbox"/> 12 mo <input type="checkbox"/> 24 mo

**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 are unsure about how to answer a question, please give the best answer you can. Mark only one answer for each question unless otherwise instructed. Shade circles like this: ●*

	Excellent	Very Good	Good	Fair	Poor
<b>01. In general, would you say your health is:</b>	<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 <u>your health now limit you</u> in these activities? If so, how much?</i>					
	Yes, limited a lot	Yes, limited a little	No, not limited at all		
<b>02. <u>Moderate activities</u>, such as moving a table, pushing a vacuum cleaner, bowling or playing golf</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<b>03. Climbing <u>several</u> flights of stairs</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
<i>During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of your physical health</u>?</i>					
	All of the time	Most of the time	Some of the time	A little of the time	None of the time
<b>04. <u>Accomplished less</u> than you would like</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>05. Were limited in the <u>kind</u> of work or other activities</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<i>During the <u>past 4 weeks</u>, how much of the time have you had any of the following problems with your work or other regular daily activities <u>as a result of any emotional problems</u> (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
<b>06. <u>Accomplished less</u> than you would like</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>07. Did work or activities <u>less carefully than usual</u></b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>08. During the <u>past 4 weeks</u>, how much did <u>pain</u> interfere with your normal work (including both work outside the home and housework)?</b>	Not at all	A little bit	Moderately	Quite a bit	Extremely
	<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 <u>past 4 weeks</u>. 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 <u>past 4 weeks</u>...</i>					
	All of the time	Most of the time	Some of the time	A little of the time	None of the time
<b>09. Have you felt calm and peaceful?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>10. Did you have a lot of energy?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>11. Have you felt downhearted and depressed?</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>12. During the <u>past 4 weeks</u>, how much of the time has your <u>physical health or emotional problems</u> interfered with your social activities (like visiting friends, relatives, etc.)?</b>	All of the time	Most of the time	Some of the time	A little of the time	None of the time
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>