SF-12® Patient Questionnaire

Patient Initials _____ _____ ______ Date of Birth: _____/____/____ Patkey: ______

Surgeon Name: ___________________________________________________________ Date: _____________

Examination Period: _____ Preop (1) _____ 3 Year (4)
_____ Immediate Postop (2) _____ 5 Year (5)
_____ 1 Year (3) _____ Other (specify) (6): ______________

SF-12®:
This information will help your doctors keep track of how you feel and how well you are able to do your usual activities. Answer every question by placing a check mark on the line in front of the appropriate answer. It is not specific for arthritis. If you are unsure about how to answer a question, please give the best answer you can and make a written comment beside your answer.

1. In general, would you say your health is:
   _____ Excellent (1)
   _____ Very Good (2)
   _____ Good (3)
   _____ Fair (4)
   _____ Poor (5)

2. MODERATE ACTIVITIES, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf:
   _____ Yes, Limited A Lot (1)
   _____ Yes, Limited A Little (2)
   _____ No, Not Limited At All (3)

3. Climbing SEVERAL flights of stairs:
   _____ Yes, Limited A Lot (1)
   _____ Yes, Limited A Little (2)
   _____ No, Not Limited At All (3)

   During the PAST 4 WEEKS have you had any of the following problems with your work or other regular activities AS A RESULT OF YOUR PHYSICAL HEALTH?

4. ACCOMPLISHED LESS than you would like:
   _____ Yes (1)
   _____ No (2)

5. Were limited in the KIND of work or other activities:
   _____ Yes (1)
   _____ No (2)

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SF-12® Cont’d:

During the PAST 4 WEEKS, were you limited in the kind of work you do or other regular activities AS A RESULT OF ANY EMOTIONAL PROBLEMS (such as feeling depressed or anxious)?

6. ACCOMPLISHED LESS than you would like:
   _____ Yes (1)
   _____ No (2)

7. Didn’t do work or other activities as CAREFULLY as usual:
   _____ Yes (1)
   _____ No (2)

8. 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)

The next three questions are about how you feel and how things have been 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 –

9. Have you felt calm and peaceful?
   _____ All of the Time (1)
   _____ Most of the Time (2)
   _____ A Good Bit of the Time (3)
   _____ Some of the Time (4)
   _____ A Little of the Time (5)
   _____ None of the Time (6)

Surgeon Initials __________ Date: _____________
Patient Initials _____  _____  ______  Date of Birth: ___/___/___  Patkey: ______

Surgeon Name: ___________________________________________________  Date: ____________

Examination Period:  _____  Preop (1)  _____  Immediate Postop (2)  _____  1 Year (3)
                   _____  3 Year (4)             _____  5 Year (5)            _____  Other (specify) (6): ____________

SF-12® Cont’d:

10. Did you have a lot of energy?
   _____  All of the Time (1)
   _____  Most of the Time (2)
   _____  A Good Bit of the Time (3)
   _____  Some of the Time (4)
   _____  A Little of the Time (5)
   _____  None of the Time (6)

11. Have you felt downhearted and blue?
    _____  All of the Time (1)
    _____  Most of the Time (2)
    _____  A Good Bit of the Time (3)
    _____  Some of the Time (4)
    _____  A Little of the Time (5)
    _____  None of the Time (6)

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.)?
    _____  All of the Time (1)
    _____  Most of the Time (2)
    _____  A Good Bit of the Time (3)
    _____  Some of the Time (4)
    _____  A Little of the Time (5)
    _____  None of the Time (6)

Surgeon Signature_________________________________________________        Date________________________