

Patient Initials _____ **Date of Birth:** ____/____/____ **Patkey:** _____**Surgeon Name:** _____ **Date:** _____**Examination Period:** _____ Postop 3 months _____ Postop 12 months

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)

The following two questions 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:

_____ 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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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)

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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 O R 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 _____