

STEP 3 QUALITY OF LIFE SF-6 QUESTIONNAIRE

The following questions deal with different aspects of physical and mental health.

Please answer each question by selecting the answer that best describes your own state of health.

Does your current state of health limit you in your daily physical activities ?

- Not at all limited in activities requiring high physical effort (e.g. running, heavy lifting, violent sports)
- Somewhat limited in activities requiring high physical effort (e.g. running, heavy lifting, violent sports)
- Somewhat limited in moderate activities (e.g. moving a table, vacuuming, bowling or golfing)
- Very limited in moderate activities (such as moving a table, vacuuming, bowling or golfing)
- Very limited in bathing or dressing

In the past 4 weeks, how often have you accomplished less than you would have liked at work or in your other daily activities because of your physical or mental health (such as feeling depressed or anxious) ?

- Never
- Rarely
- Sometimes
- Most of the time
- All the time

In the last 4 weeks, have you experienced any physical pain ?

- No pain
- Very mild pain
- Mild pain
- Moderate pain
- Intense pain
- Very intense pain

In the last 4 weeks, how often have you felt exhausted and drained ?

- Never
- Rarely
- Sometimes
- Most of the time
- All of the time

STEP 3 QUALITY OF LIFE SF-6 QUESTIONNAIRE

In the past 4 weeks, how often has your physical or mental state interfered with your social activities (such as visiting friends, relatives, etc.) ?

- Never
- Rarely
- Sometimes
- Most of the time
- All of the time

In the past 4 weeks, how often have you felt depressed or very nervous ?

- Never
- Rarely
- Sometimes
- Most of the time
- All of the time

A final question aims to assess changes in your state of health. Compared to last year, how would you rate your general health now?

- Much better now than last year
- Somewhat better now than last year
- About the same as last year
- Somewhat worse now than last year
- Much worse now than last year