

CAP HEALTH SURVEY SF-8

Please complete using
blue or black ink.

Directions

Shade circles like this: ●
Do not shade like this: ⊙ ⊘

Today's Date / /
m m d d y y y y

Social Security Number

/ /

First Name:

Last Name:

M. I.

1. Overall, how would you rate your health during the past 4 weeks?

- Excellent Very Good Good Fair Poor Very Poor

2. During the past 4 weeks, how much did physical health problems limit your usual physical activities (such as walking or climbing stairs)?

- Not At All Very Little Somewhat Quite A Lot Could Not Do Physical Activities

3. During the past 4 weeks, how much difficulty did you have doing your daily work, both at home and away from home, because of your physical health?

- Not At All A Little Bit Some Quite a Lot Could Not Do Daily Work

4. How much bodily pain have you had during the past 4 weeks?

- None Very Mild Mild Moderate Severe Very Severe

5. During the past 4 weeks, how much energy did you have?

- Very Much Quite a Lot Some A Little None

6. During the past 4 weeks, how much did your physical health or emotional problems limit your usual social activities with family or friends?

- Not At All Very Little Somewhat Quite A Lot Could Not Do Social Activities

7. During the past 4 weeks, how much have you been bothered by emotional problems (such as feeling anxious, depressed or irritable)?

- Not At All Slightly Moderately Quite A Lot Extremely

8. During the past 4 weeks, how much did personal or emotional problems keep you from doing your usual work, school or other daily activities?

- Not At All Very Little Somewhat Quite A Lot Could Not Do Daily Activities

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

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