

Adapted SF36

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.

Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully, and click on the circle that best describes your answer. Thank you for completing this survey!

1.) In general, would you say your health is?

Excellent

☐

Very good

☐

Good

☐

Fair

☐

Poor

☐

2.) Compared to one year ago, how would you rate your health in general now?

**Much better
now than one
year ago**

☐

**Somewhat
Better now
than one
year ago**

☐

**About the same
as one year ago**

☐

**Somewhat
worse now than
one year ago**

☐

**Much worse
now than one
year ago**

☐

3.) The following questions are about activities you might do during a typical day. Does your health now limit you in these activities. If so, how much?

**Yes limited
A lot**

**Yes limited
a little**

**No, not
limited
at all**

a) Vigorous Activities, such as ploughing on a field lifting heavy objects, pushing a loaded wheelbarrow from one point to another.

☐
☐
☐

b) Moderate Activities, such as moving a table, sweeping the floor throwing of objects

☐
☐
☐

c) Lifting or carrying groceries

☐
☐
☐

d) Climbing steep hill

☐
☐
☐

- | | | | |
|-------------------------------------|-----------------------|-----------------------|-----------------------|
| e) Climbing a hill | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Bending, kneeling, or stooping | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9 g) Walking more than a mile | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10 h) Walking several hundred yards | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i) Walking one hundred yards | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12 j) Bathing or dressing yourself | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- | | All of
the time | Most of
the time | Some of
the time | A little of
the time | None of
the time |
|--|----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|
| a) Cut down on the amount of time you spent on work or other activities | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Accomplished less than you would like | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Were limited in the kind of work or other activities. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Had difficulty, performing the work or other activities (for example, it took extra effort) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- | | All of
the time | Most of
the time | Some of
the time | A little of
the time | None of
the time |
|--|----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|
| a) Cut down on the amount of time you spent on work or | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

other activities

- b) Accomplished less than you would like ☐ ☐ ☐ ☐ ☐
- c) Did work or activities less carefully than usual ☐ ☐ ☐ ☐ ☐
-

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors or groups?

Not at all Slightly Moderately Quite a bit Extremely

☐ ☐ ☐ ☐ ☐

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

None Very Mild Mild Moderate Severe Very Severe

☐ ☐ ☐ ☐ ☐

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 Slightly Moderately Quite a bit Extremely

☐ ☐ ☐ ☐ ☐

9. These questions are about how you feel and how things have been with you 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....

- | | All of
the time | Most of
the time | Some of
the time | A little of
the time | None of
the time |
|--|-----------------------|-----------------------|-----------------------|-------------------------|-----------------------|
| a) Did you feel full of life? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Have you been very nervous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Have you felt so down in the dumps that nothing could cheer you up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| d) Have you felt calm and peaceful? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e) Did you have a lot of energy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f) Have you felt downhearted and depressed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) Did you feel worn out? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h) Have you been happy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i) Did you feel tired? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

- | | | | | |
|----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|
| 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"/> |
-

11. How True or False is each of the following statements for you?

- | | Definitely
True | Mostly
True | Don't
Know | Mostly
False | Definitely
False |
|---|----------------------------|------------------------|-----------------------|-------------------------|-----------------------------|
| a) I seem to get sick a little Easier than other people | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) I am as healthy as Anybody I know | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) I expect my health to get worse | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) My health is excellent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-

ASENZE STUDY-UCWANINGO LWEZEMPILO

UKUBHEKA IZINGA LEZEMPILO

Lolucwaningo ludinga imibono yakho mayelana nempilo yakho. Lolulwazi lungasiza ekwazini ukuthi uzizwa unjani nokuthi ukwazi kanjani ekwenzeni izinto ojwayele ukuzenza.

Sicela uphendule yonke imibuzo. Eminye imibuzo ingafana neminye kodwa yahlukile. Thatha isikhathi sakho ufunde bese uphendula umbuzo ngamunye ngokuqikelela

1.) Ngokujwayelekile, ungathi impilo yakho ikusiphi isimo?

Ungumqemane

☐

Yinhle kakhulu

☐

Yinhle

☐

Ingconywa

☐

Intekenteke

☐

2.) Qhathanisa nonyaka owodwa owedlule, ungathi impilo yakho injani manje?

Ingcono kakhulu

Kunonyaka owedlule

☐

Icisha ibe ngconywa

Kunonyaka owedlule

☐

Icisha ifane

Nonyaka odlule

☐

Icisha ingabi

sesimweni esihle kunonyaka odlule

☐

Ayiynhlehlobo

Kunonyaka Odlule

☐

3.) Lemibuzo elandelayo imayelana nemisebenzi ongayenza ngezinsuku ezejwayelekile, ngabe impilo yakho iyakuvimba ukuba wenze lezizinto ezilandelayo. Uma kunjalo ikuvimbela kangakanani?

Yebo kakhulu

Yebo kancane

Cha nhlobonhlobo

a) Imisebenzi enzima, njengokulima
Ukuphakamisa izinto ezisindayo,
Ukuphusha ibhala lomhlabathi

☐
☐
☐

b) Imisebenzi ejwayelekile, njenokugudlula
itafula, ukushanela noma ukujikijela

☐
☐
☐

c) Ukuphatha imithwalo

☐
☐
☐

d) Ukukhuphuka umqansi

☐
☐
☐

e) Ukukhuphuka amagquma

☐
☐
☐

f) Ukugoba, ukuguqa noma ukusina

☐
☐
☐

- g) Ukuhamba ibanga elide ☐ ☐ ☐
- h) Ukuhamba ibanga elide kakhulu ☐ ☐ ☐
- i) Ukugeza noma ukuzigqokisa ☐ ☐ ☐

- 4) Emavikini amane edlule, kube nesikhathi esingakanani uhlangabezana nezinkinga ezilandelayo emsebenzini wakho nasezintweni ojwayele ukuzenza ngelanga ngenxa yempilo yomzimba wakho?

- | | Sonke
Isikhathi | Esikhathini
Esiningi | Ngezinye
Izikhathi | Kambalwa | Akwenzeki |
|---|----------------------------|---------------------------------|-------------------------------|-----------------------|-----------------------|
| a) Ukwehlisa isikhathi osisebenzisayo emsebenzini noma kwezinye izinto ozenzayo | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Ukuqeda umsebenzi omncane konolindelekile | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Ukukhinyabezeka komunye umsebenzi nakwezinye izinto. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Ukuba nezingqinamba ekwenzeni umsebenzi wakho nezinye izinto.(isibonelo-kwaze kwadingeka ukuba ufake umfutho). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 5) Emavikini amane edlule, kube nesikhathi esingakanani uhlangabezana nalezinkinga ezilandelayo Emsebenzini wakho nasezintweni ojwayele ukuzenza ngelanga ngenxa yezinkinga zomphefumulo (Njengokuzizwa uphansi noma wethukile)

- | | Sonke
Isikhathi | Esikhathini
Esiningi | Ngezinye
Izikhathi | Kambalwa | Akwenzeki |
|---|----------------------------|---------------------------------|-------------------------------|-----------------------|-----------------------|
| a) Nciphisa isikhathi osisebenzisile Emsebenzini noma kwezinye izinto | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Ukuqeda umsebenzi omncane kunobulindelekile | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Ukwenza umsebenzi noma ezinye izinto ngokuqikelela okuncane kunokwejwayelekile | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

- 6) Emavikini amane edlule, impilo yakho yomzimba neyomphefumulo iphazamise noma ibenomthlelela Kangakanani ezintweni ojwayele ukuzenza nomndeneni wakho, nabangane noma nomakhelwane?

Akuzange nhlobo Kancane Ngokulingene Kakhudlwana Kakhulu impela

☐ ☐ ☐ ☐ ☐

- 7) Belinjani izinga lezinhlungu obenazo emasontweni amane edlule?

Azibangabikho Beziphansi kakhulu Beziphansi Bezikahle Bezinkulu Bezinkulu Kakhulu

☐ ☐ ☐ ☐ ☐ ☐

- 8) Emavikini amane edlule, izinhlungu ziwuphazamise kangakanani umsebenzi wakho ojwayelekile (Kuhlanganisa owangaphandle nowasekhaya)

Azizange nhlobo Kancane Ngokulingene Kakhudlwana Kakhulu impela

☐ ☐ ☐ ☐ ☐

- 9) Lemibuzo imayelana nendlela ozizwa ngayo nangokuthi izinto bezinjani emavikini amane edlule. Phendula umbuzo ngamunye ngendlela esondele kakhulu endleleni obuzizwa ngayo emavikini Amane edlule.

	Ngasosonke Isikhathi	Esikhathini Esiningi	Ngesinye Isikhathi	Isikhashana Esincane	Nhlobo Nhlobo
a) Uzizwe ungumqemane	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Uzizwe unokwesaba	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Wazizwa unesibhocobhoco ngendlela yokuthi akukho lutho olungakusiza	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Uzizwe unokuthula noxolo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Uzizwe unomdlandla	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| f) Uzizwe inhliziyi iphansi futhi unencindezi | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g) Uzizwe ucobekile | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h) Uzizwe ujabule | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i) Uke wazizwa ukhathele | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-

10) Emavikini amane edlule, impilo yakho emzimbeni nasemphefumulweni iphazamise noma ibe nomthelela kangakanani ezintweni ojwayele ukuzenza nomndeneni wakho, nabangani noma nomakhelwane.

- | Sonke
Isikhathi | Esikhathini
Esiningi | Ngezinye
Izikhathi | Kambalwa | Akwenzeki |
|-----------------------|-------------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
-

11. Kuyiqiniso noma kungamanga kangakanani lokhu okulandelayo ngakunye?

- | | Iqiniso
Impela | Esikhathini esiningi
Kuyiqiniso | Angazi | Esikhathini esiningi
Kungamanga | Amanga
Aluhlaza |
|--|-----------------------|------------------------------------|-----------------------|------------------------------------|-----------------------|
| a) Kubukeka sengathi ngigula kalula kunabanye abantu | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b) Ngiphila njengabantu engibaziyo | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c) Ngilindele ukuba impilo yami ibebuthakathaka | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d) Impilo yami iyagculisa | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |