

## 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?

- |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>Excellent</b>      | <b>Very good</b>      | <b>Good</b>           | <b>Fair</b>           | <b>Poor</b>           |
| <input type="radio"/> |

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

- |  |  |   |   |   |
|--|--|---|---|---|
| <b>Much better<br/>now than one<br/>year ago</b> | <b>Somewhat<br/>Better now<br/>than one<br/>year ago</b> | <b>About the same<br/>as one year ago</b> | <b>Somewhat<br/>worse now than<br/>one year ago</b> | <b>Much worse<br/>now than one<br/>year ago</b> |
| <input type="radio"/>                            | <input type="radio"/>                                    | <input type="radio"/>                     | <input type="radio"/>                               | <input type="radio"/>                           |

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?

- |   | <b>Yes limited<br/>A lot</b> | <b>Yes limited<br/>a little</b> | <b>No, not<br/>limited<br/>at all</b> |
|---|------------------------------|---------------------------------|---------------------------------------|
| a) Vigorous Activities, such as ploughing on a field lifting heavy objects, pushing a loaded wheelbarrow from one point to another. | <input type="radio"/>        | <input type="radio"/>           | <input type="radio"/>                 |
| b) Moderate Activities, such as moving a table, sweeping the floor throwing of objects  | <input type="radio"/>        | <input type="radio"/>           | <input type="radio"/>                 |
| c) Lifting or carrying groceries  | <input type="radio"/>        | <input type="radio"/>           | <input type="radio"/>                 |
| d) Climbing steep hill  | <input type="radio"/>        | <input type="radio"/>           | <input type="radio"/>                 |

- e) Climbing a hill
- f) Bending, kneeling, or stooping
- 9 g) Walking more than a mile
- 10 h) Walking several hundred yards
- i) Walking one hundred yards
- 12 j) Bathing or dressing yourself

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

- d) Have you felt calm and peaceful?
  - e) Did you have a lot of energy?
  - f) Have you felt downhearted and depressed?
  - g) Did you feel worn out?
  - h) Have you been happy?
  - i) Did you feel tired?
- 

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.)?

- |                            |                             |                             |                                 |                             |
|----------------------------|-----------------------------|-----------------------------|---------------------------------|-----------------------------|
| <b>All of<br/>the time</b> | <b>Most of<br/>the time</b> | <b>Some of<br/>the time</b> | <b>A little of<br/>the time</b> | <b>None of<br/>the time</b> |
| <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?

- |   | <b>Definitely<br/>True</b> | <b>Mostly<br/>True</b> | <b>Don't<br/>Know</b> | <b>Mostly<br/>False</b> | <b>Definitely<br/>False</b> |
|---|----------------------------|------------------------|-----------------------|-------------------------|-----------------------------|
| 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"/>       |
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## 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
<input type="radio"/>				

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	Ayiyinhlenhlobo Kunonyaka Odlule
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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) <u>Imisebenzi enzima</u> , njengokulima Ukuphakamisa izinto ezisindayo, Ukuphusha ibhala lomhlabathi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) <u>Imisebenzi ejwayelekile</u> , njenokugudlula itafula, ukushanela noma ukujikijela	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Ukuphatha imithwalo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Ukukhuphuka umqansi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Ukukhuphuka amagquma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Ukugoba, ukuguqa noma ukusina	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

- 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<br>Isikhathi    | Esikhathini<br>Esiningi | Ngezinye<br>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<br>Isikhathi    | Esikhathini<br>Esiningi | Ngezinye<br>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 ibenomthelela Kangakanani ezintweni ojwayele ukuzenza nomndeni wakho, nabangane noma nomakhelwane?

Akuzange nhlobo      Kancane      Ngokulingene      Kakhudlwana      Kakhulu impela

                                                                                      

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- 7) Belinjani izinga lezinhlungu obenazo emasontweni amane edlule?

Azibangabikho      Beziphansi kakhulu      Beziphansi      Bezikahle      Bezinkulu      Bezinkulu  
Kakhulu

                                                                                                            

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

Azizange nhlobo      Kancane      Ngokulingene      Kakhudlwana      Kakhulu impela

                                                                                      

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

	Ngasonke 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 inhliziyo iphansi futhi unencindezi
- g) Uzizwe ucobekile
- h) Uzizwe ujabule
- i) Uke wazizwa ukhathele

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"/>				

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"/>