

Quality of life assessment scale (SF-12)

Name _____ Gender: ☐Male ☐Female

Assessment content	Option	Score
1. Generally speaking, what do you think of your health conditions?	Excellent 0 scores ☐ Very good 0 scores ☐ Quite good 0 scores ☐ Poor -2 scores ☐	
2. The following items may be your activities on a certain day. Now, do these activities have any impact on your health conditions? If so, to what extent? Firstly, engage in moderate activities such as moving tables, cleaning up, playing bowling or golf. Do these have any limitations on your health conditions?	Limit a lot 4 scores ☐ Limit a little bit 2 scores ☐ No limit at all 0 scores ☐	
3. Climb a few flights of stairs. Are there any limitations on your health conditions now?	Limit a lot 3 scores ☐ Limit a little bit 1 score ☐ No limit at all 0 scores ☐	
4. Can you at least achieve the work you want to do in the past four weeks due to physical reasons?	Cannot 0 scores ☐ Can 1 score ☐	
5. Have there been any limitations on your work or daily activities in the past four weeks due to physical reasons?	Not 0 scores ☐ Yes 2 scores ☐	
6. In the past four weeks, due to some emotional issues such as feeling depressed or anxious, can you achieve the work you want to do?	Cannot 0 scores ☐ Can -7 scores ☐	
7. In the past four weeks, due to some emotional issues such as feeling depressed or anxious, have you been unable to work or engage in other activities as usual?	Not 0 scores ☐ Yes -6 scores ☐	
8. To what extent has the pain hindered your normal work (including outdoor and household chores) in the past four weeks?	Not at all 0 scores ☐ Slight 1 score ☐ Moderate 1 score ☐ Somewhat 2 scores ☐ Serious impact 1 score ☐	
9. These questions are about how you feel about some things around you in the past four weeks. For each question, please provide an answer that is close to what you feel. How long have you felt calm in the past four weeks?	Entire time 0 scores ☐ Most of time -2 scores ☐ Long time -4 scores ☐ Some time -6 scores ☐ Little time -8 scores ☐ No time at all -10 scores ☐	
10. How long have you been energetic in the past four weeks?	Entire time 0 scores ☐ Most of time -1 score ☐ Long time -2 scores ☐ Some time -3 scores ☐ Little time -5 scores ☐ No time at all -6 scores ☐	
11. How long have you felt uncomfortable in the past four weeks?	Entire time -16 scores ☐ Most of time -11 scores ☐ Long time -8 scores ☐ Some time -5 scores ☐ Little time -2 scores ☐ No time at all 0 scores ☐	
12. How long have your health conditions or emotional issues been interfering with your social activities (such as visiting friends, and relatives) in the past four weeks?	Entire time -6 scores ☐ Most of time -8 scores ☐ Some time -6 scores ☐ Little time -3 scores ☐ No time at all 0 scores ☐	

Check ☒ in option ☐

Total score for this assessment: _____ scores

Fig. 1