

1/16

Figure 1

100



700515

Patient ID #: _____ Patient initials: _____
Physician ID #: _____ Physician Name: _____

SF-36 Health Survey

INSTRUCTIONS: This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Answer every question by marking the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

103 1. In general, would you say your health is:
(tick one)
105 ☐ 1 Excellent
☒ 2 Very good Very Good
☐ 3 Good
☐ 4 Fair
☐ 5 Poor

2. Compared to one year ago, how would you rate your health in general now?
(tick one)
☐ 1 Much better now than one year ago
☐ 2 Somewhat better now than one year ago
☒ 3 About the same as one year ago About the same as one year ago
☐ 4 Somewhat worse now than one year ago
☐ 5 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?

ACTIVITIES	Yes, limited a lot	Yes, limited a lot	Yes, limited a lot
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	☐ 1	☐ 2	☒ 3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐ 1	☒ 2	☐ 3
c. Lifting or carrying groceries	☐ 1	☐ 2	☒ 3
d. Climbing several flights of stairs	☒ 1	☐ 2	☐ 3
e. Climbing one flight of stairs	☐ 1	☒ 2	☐ 3
f. Bending, kneeling, or stooping	☒ 1	☐ 2	☐ 3
g. Walking more than a mile	☐ 1	☒ 2	☐ 3
h. Walking half a mile	☒ 1	☐ 2	☐ 3
i. Walking one hundred yards	☐ 1	☒ 2	☐ 3
j. Bathing or dressing yourself	☐ 1	☐ 2	☒ 3

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?
(Answer Yes or No to each question)

	Yes	No
a. Cut down on the amount of time you spent on work or other activities	☐ 1	☒ 2
b. Accomplished less than you would like	☒ 1	☐ 2
c. Were limited in the kind of work or other activities	☒ 1	☐ 2
d. Had difficulty performing the work or other activities (for example, it took extra effort)	☒ 1	☐ 2

5. During the past 4 weeks, 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)?
(Answer Yes or No to each question)

	Yes	No
a. Cut down on the amount of time you spent on work or other activities	☐ 1	☒ 2
b. Accomplished less than you would like	☒ 1	☐ 2
c. Didn't do work or other activities as careful as usual	☐ 1	☒ 2

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, neighbours, or groups?
☐ 1 Not at all
☐ 2 slightly
☐ 3 Moderately
☐ 4 Quite a bit
☒ 5 Extremely Extremely

7. How much bodily pain have you had during the past 4 weeks?
(tick one)
☐ 1 None ☐ 4 Moderate
☐ 2 Very mild ☐ 5 Severe
☐ 3 Mild ☒ 6 Very severe Very severe

200 ↗

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01

02

Please update the title and upload the survey images to extract

Title *

Patient Health Care]

Patients personal information anonymized?

Yes 203

No 205

Upload

Next

Figure 2

300

Define survey

01

201

Please update the title and upload the survey images to extract

Title *
Patient Health Care Survey 1203

Patients personal information anonymized? ☐ Yes ☒ No

THE HEALTH CARE YOU RECEIVE

Thinking about the health care you receive, how would you rate the following?

(Circle one number on each line)

GENERAL ACCESS TO CARE:

1. Ability to get hospital care if you need it	1	2	3	4	5	6
2. Ability to get medical care if you need it	1	2	3	4	5	6
3. Ability to get speciality care if you need it	1	2	3	4	5	6
4. How your need to see a specialist is handled	1	2	3	4	5	6
5. Ability to get medical care in an emergency	1	2	3	4	5	6

+

303

Next

Figure 3

400

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01

02

Please approve question, answer pairs highlighted from the imagery images to extract

THE HEALTH CARE YOU RECEIVE

Thinking about the health care you receive, how would you rate the following?
(Circle one number on each line)

GENERAL ACCESS TO CARE:

	Very Poor	Poor	Fair	Good	Very Good	Excellent
1. Ability to get hospital care if you need it	1	2	3	4	5	6
2. Ability to get medical care if you need it	1	2	3	4	5	6
3. Ability to get specialty care if you need it	1	2	3	4	5	6
4. How your need to see a specialist is handled	1	2	3	4	5	6
5. Ability to get medical care in an emergency	1	2	3	4	5	6

Edit Title *
HE HEALTH Thinking about the health care you receive. how

Title Selector
Single Answer

Edit Option

Delete Question

1 - 1 of 5

Prev

Next

401

403

Figure 4

400

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01

02

Please approve question, answer pairs highlighted from the image

THE HEALTH CARE YOU RECEIVE

Thinking about the health care you receive, how would you rate the following?
(Circle one number on each line)

GENERAL ACCESS TO CARE:

	Very Poor	Poor	Fair	Good	Very Good	Excellent
1. Ability to get hospital care if you need it	1	2	3	4	5	6
2. Ability to get medical care if you need it	1	2	3	4	5	6
3. Ability to get specialty care if you need it	1	2	3	4	5	6
4. How your need to see a specialist is handled	1	2	3	4	5	6
5. Ability to get medical care in an emergency	1	2	3	4	5	6

Edit Title *

Ability to get hospital care if you need it

Title Selector

Single Answer

Multiple Choice

Text

Edit Option

1 - 1 of 5

Prev

Next

Figure 5

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403

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600

601

Patient ID: X234Y

(Circle one number on each line)

GENERAL ACCESS TO CARE:

	Very Poor	Poor	Fair	Good	Very Good	Excellent
1. Ability to get hospital care if you need it	1	2	3	4	☒	6

2

3

4

5

Patient ID: X235Z

(Circle one number on each line)

GENERAL ACCESS TO CARE:

	Very Poor	Poor	Fair	Good	Very Good	Excellent
1. Ability to get hospital care if you need it	1	2	3	4	☒	6
2. Ability to get medical care if you need it	1	2	3	☒	5	6
3. Ability to get specialty care if you need it	1	2	☒	4	5	6
4. How your need to see a specialist is handled	1	2	3	☒	5	6
5. Ability to get medical care in an emergency	1	2	3	4	☒	6

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Figure 6

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Upload survey answers											
01 Upload all answer's for this survey Note: Do not upload an alternative survey type											
THE HEALTH CARE YOU RECEIVE						THE HEALTH CARE YOU RECEIVE					
Thinking about the health care you receive, how would you rate the following?						Thinking about the health care you receive, how would you rate the following?					
(Circle one number on each line)						(Circle one number on each line)					
GENERAL ACCESS TO CARE: Very Poor Poor Fair Good Very Good Excellent						GENERAL ACCESS TO CARE: Very Poor Poor Fair Good Very Good Excellent					
1. Ability to get hospital care if you need it						1. Ability to get hospital care if you need it					
1 2 3 4 5 6						1 2 3 4 5 6					
2. Ability to get medical care if you need it						2. Ability to get medical care if you need it					
1 2 3 4 5 6						1 2 3 4 5 6					
3. Ability to get specialty care if you need it						3. Ability to get specialty care if you need it					
1 2 3 4 5 6						1 2 3 4 5 6					
4. How your need to see a specialist is handled						4. How your need to see a specialist is handled					
1 2 3 4 5 6						1 2 3 4 5 6					
5. Ability to get medical care in an emergency						5. Ability to get medical care in an emergency					
1 2 3 4 5 6						1 2 3 4 5 6					
THE HEALTH CARE YOU RECEIVE						THE HEALTH CARE YOU RECEIVE					
Thinking about the health care you receive, how would you rate the following?						Thinking about the health care you receive, how would you rate the following?					
(Circle one number on each line)						(Circle one number on each line)					
GENERAL ACCESS TO CARE: Very Poor Poor Fair Good Very Good Excellent						GENERAL ACCESS TO CARE: Very Poor Poor Fair Good Very Good Excellent					
1. Ability to get hospital care if you need it						1. Ability to get hospital care if you need it					
1 2 3 4 5 6						1 2 3 4 5 6					
2. Ability to get medical care if you need it						2. Ability to get medical care if you need it					
1 2 3 4 5 6						1 2 3 4 5 6					
3. Ability to get specialty care if you need it						3. Ability to get specialty care if you need it					
1 2 3 4 5 6						1 2 3 4 5 6					
4. How your need to see a specialist is handled						4. How your need to see a specialist is handled					
1 2 3 4 5 6						1 2 3 4 5 6					
5. Ability to get medical care in an emergency						5. Ability to get medical care in an emergency					
1 2 3 4 5 6						1 2 3 4 5 6					
THE HEALTH CARE YOU RECEIVE						THE HEALTH CARE YOU RECEIVE					
Thinking about the health care you receive, how would you rate the following?						Thinking about the health care you receive, how would you rate the following?					
(Circle one number on each line)						(Circle one number on each line)					
GENERAL ACCESS TO CARE: Very Poor Poor Fair Good Very Good Excellent						GENERAL ACCESS TO CARE: Very Poor Poor Fair Good Very Good Excellent					
1. Ability to get hospital care if you need it						1. Ability to get hospital care if you need it					
1 2 3 4 5 6						1 2 3 4 5 6					
2. Ability to get medical care if you need it						2. Ability to get medical care if you need it					
1 2 3 4 5 6						1 2 3 4 5 6					
3. Ability to get specialty care if you need it						3. Ability to get specialty care if you need it					
1 2 3 4 5 6						1 2 3 4 5 6					
4. How your need to see a specialist is handled						4. How your need to see a specialist is handled					
1 2 3 4 5 6						1 2 3 4 5 6					
5. Ability to get medical care in an emergency						5. Ability to get medical care in an emergency					
1 2 3 4 5 6						1 2 3 4 5 6					

701

Figure 7

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X

02

THE HEALTH CARE YOU RECEIVE

Thinking about the health care you receive, how would you rate the following?

(Circle one number on each line)

GENERAL ACCESS TO CARE:	Very Poor	Poor	Fair	Good	Very Good	Excellent
1. Ability to get hospital care if you need it	1	X	3	4	5	6
2. Ability to get medical care if you need it	1	X	3	4	5	6
3. Ability to get specialty care if you need it	X	2	3	4	5	6
4. How your need to see a specialist is handled	1	2	X	4	5	6
5. Ability to get medical care in an emergency	1	X	3	4	5	6

THE HEALTH CARE YOU RECEIVE

Thinking about the health care you receive, how would you rate the following?

(Circle one number on each line)

GENERAL ACCESS TO CARE:	Very Poor	Poor	Fair	Good	Very Good	Excellent
1. Ability to get hospital care if you need it	1	2	3	4	5	X
2. Ability to get medical care if you need it	1	2	3	4	5	X
3. Ability to get specialty care if you need it	1	2	3	4	5	X
4. How your need to see a specialist is handled	1	2	3	4	X	6
5. Ability to get medical care in an emergency	1	2	3	4	5	X

THE HEALTH CARE YOU RECEIVE

Thinking about the health care you receive, how would you rate the following?

(Circle one number on each line)

GENERAL ACCESS TO CARE:	Very Poor	Poor	Fair	Good	Very Good	Excellent
1. Ability to get hospital care if you need it	1	2	3	4	5	6
2. Ability to get medical care if you need it	1	2	3	4	5	6
3. Ability to get specialty care if you need it	1	2	3	4	5	6
4. How your need to see a specialist is handled	1	2	3	4	5	6
5. Ability to get medical care in an emergency	1	2	3	4	5	6

THE HEALTH CARE YOU RECEIVE

Thinking about the health care you receive, how would you rate the following?

(Circle one number on each line)

GENERAL ACCESS TO CARE:	Very Poor	Poor	Fair	Good	Very Good	Excellent
1. Ability to get hospital care if you need it	1	2	3	4	5	6
2. Ability to get medical care if you need it	1	2	3	4	5	6
3. Ability to get specialty care if you need it	1	2	3	4	5	6
4. How your need to see a specialist is handled	1	2	3	4	5	6
5. Ability to get medical care in an emergency	1	2	3	4	5	6

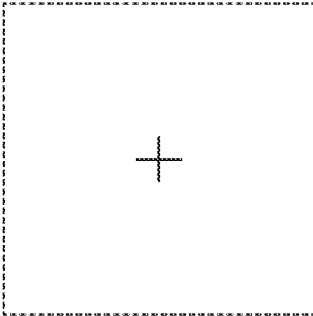


Figure 7 (Cont.)

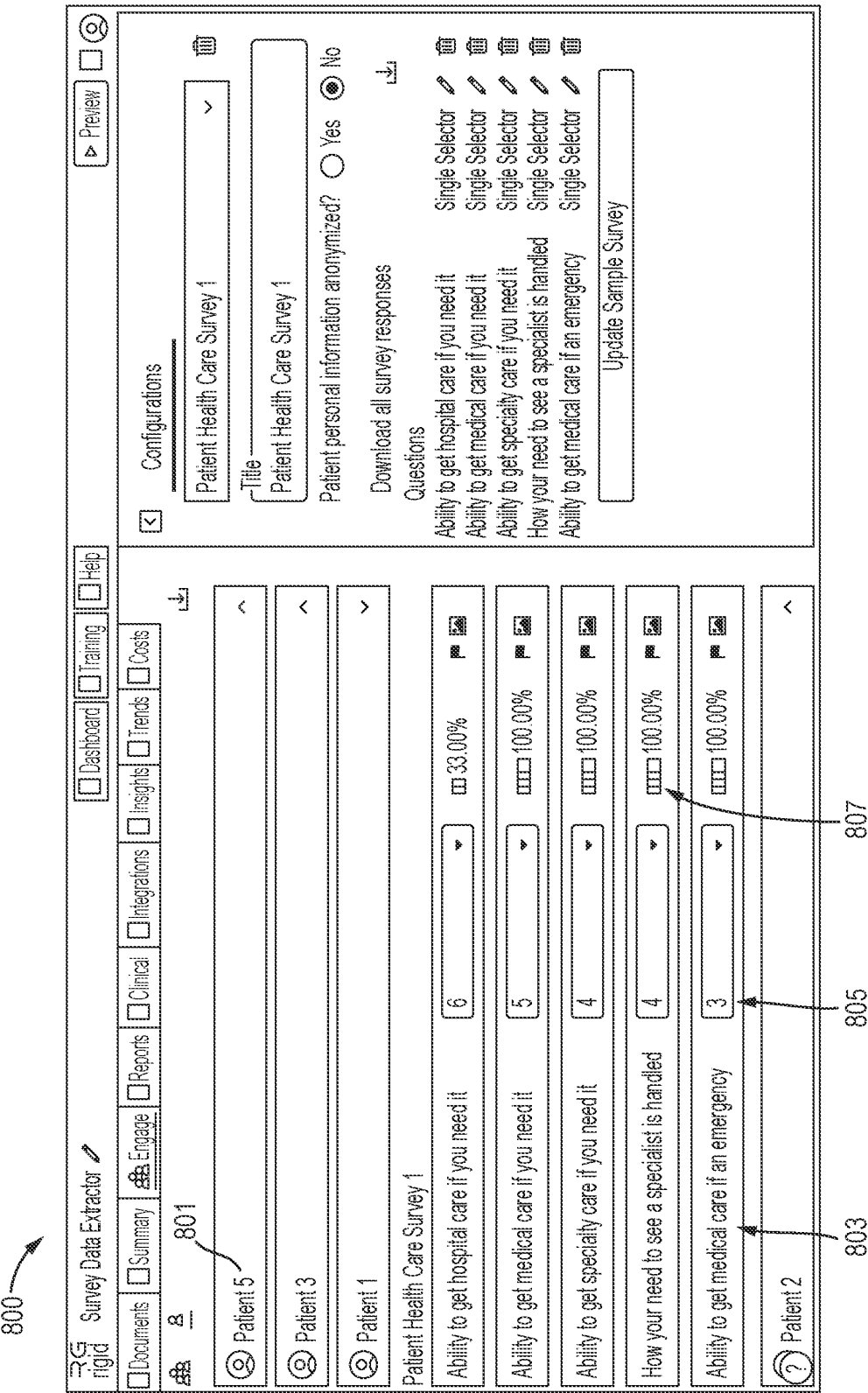


Figure 8

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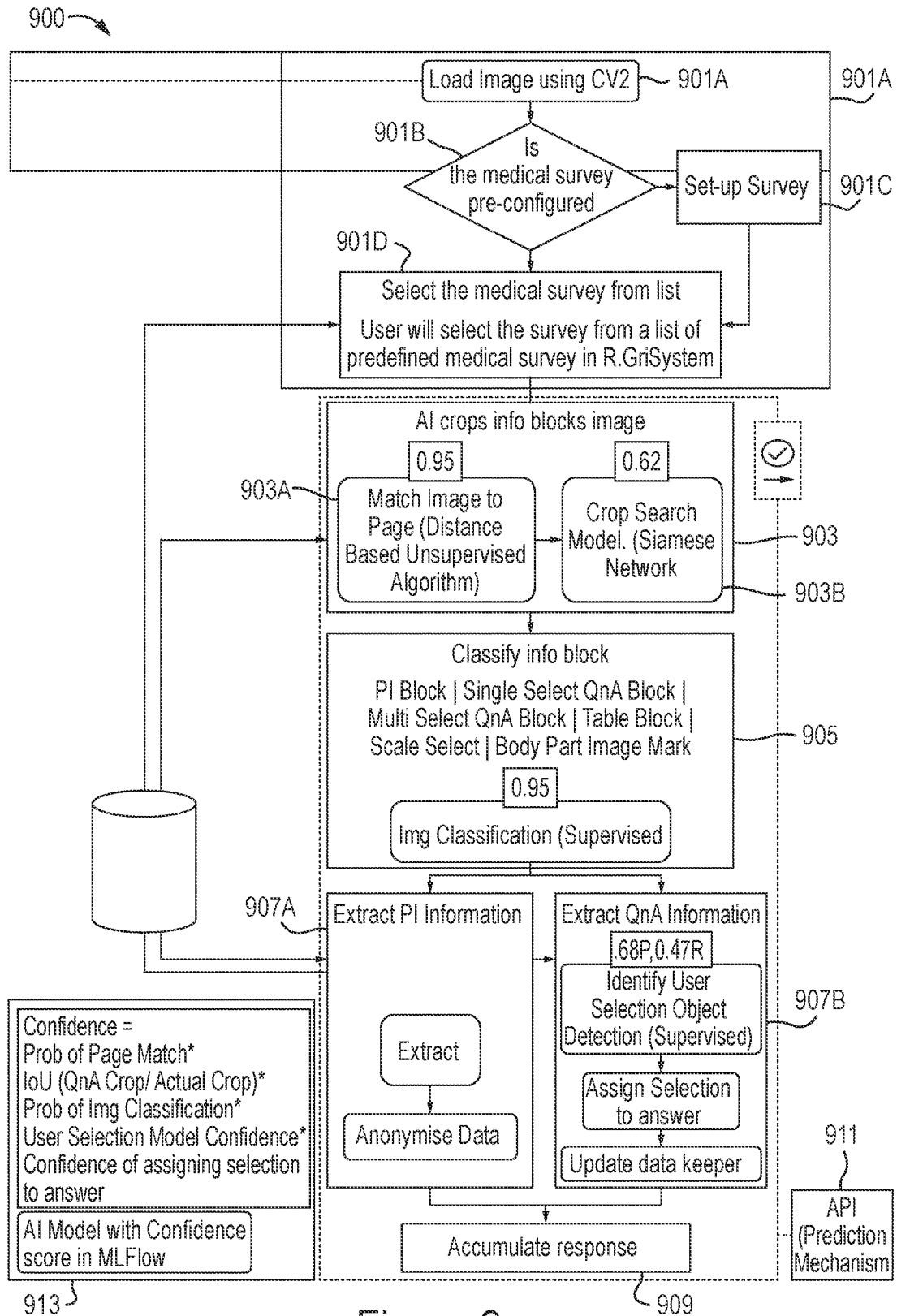


Figure 9

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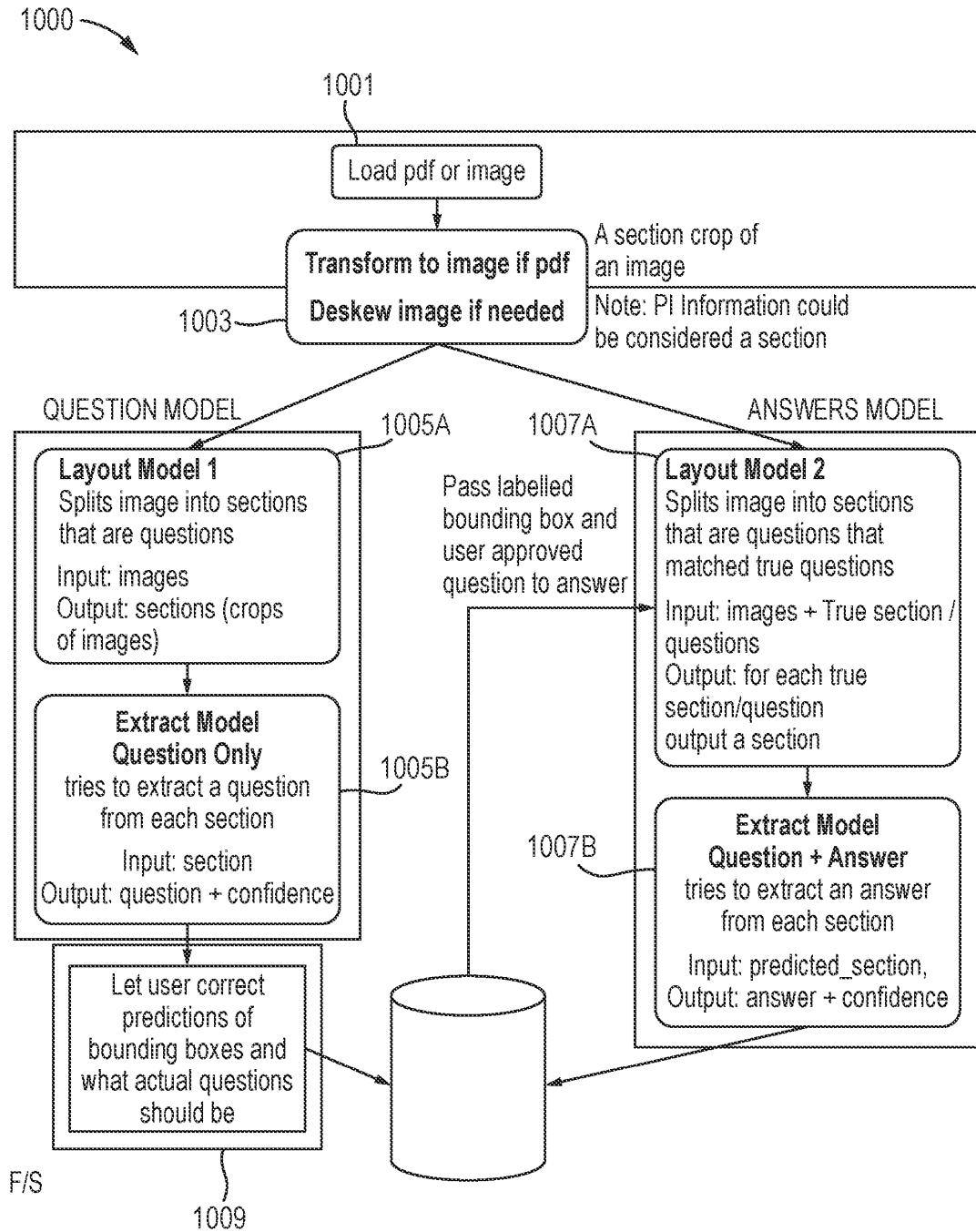


Figure 10

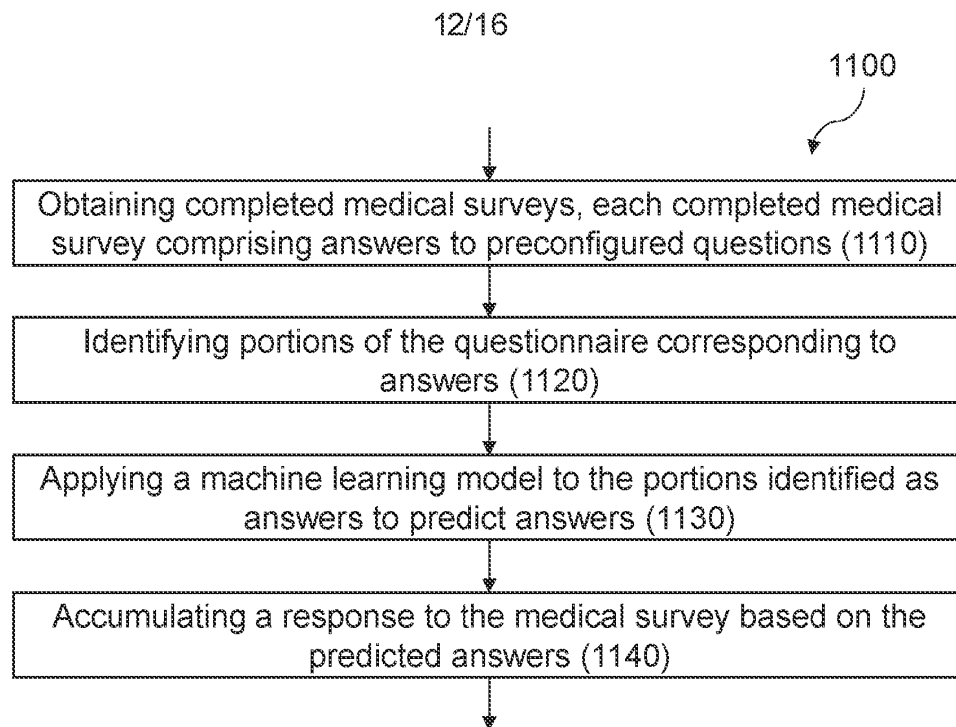


Figure 11

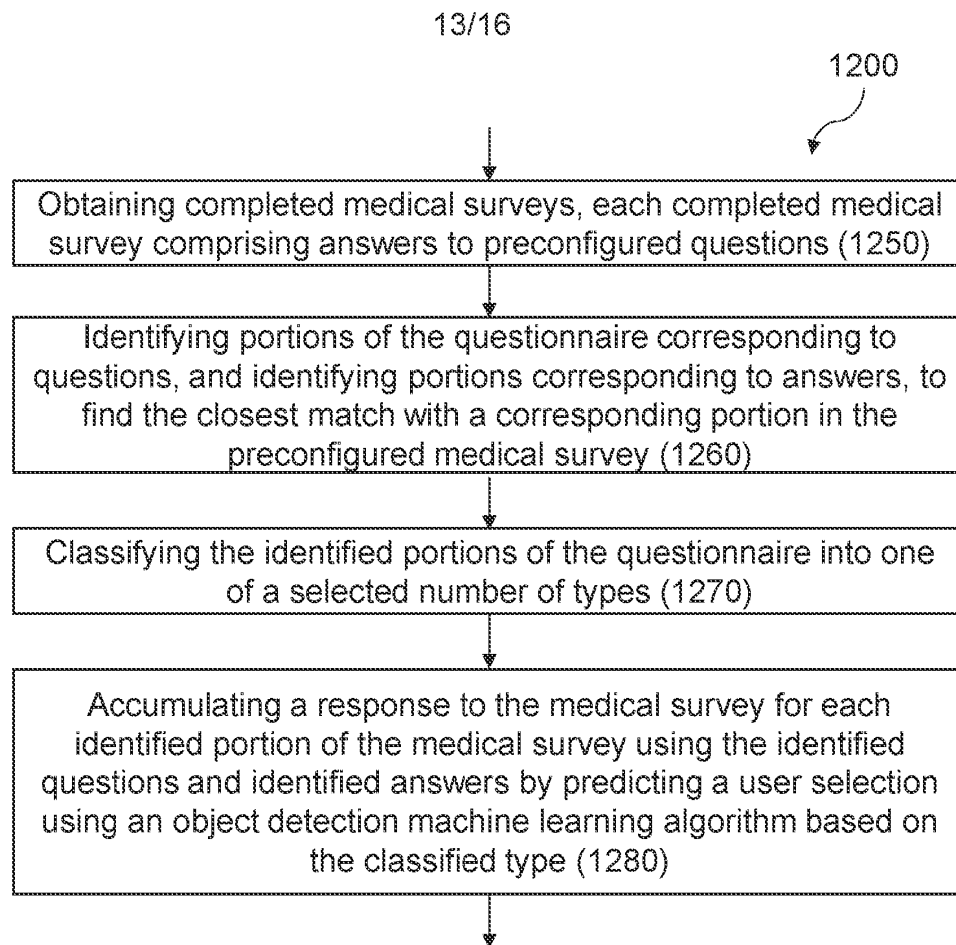


Figure 12

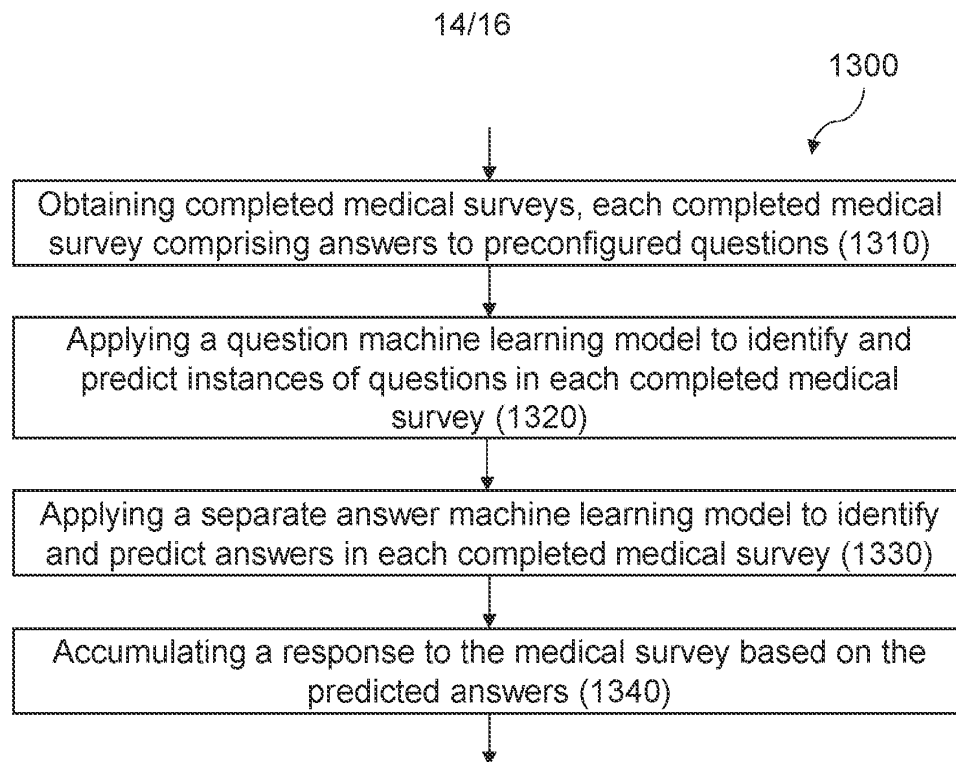


Figure 13

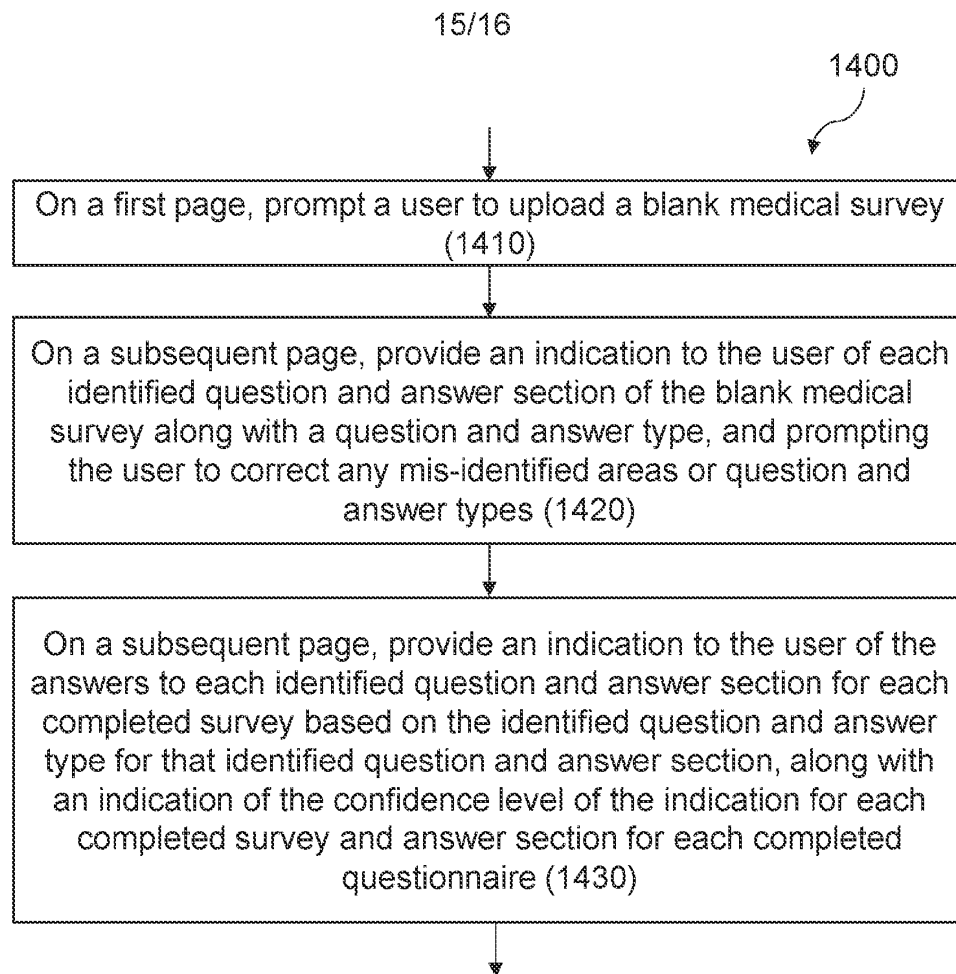


Figure 14

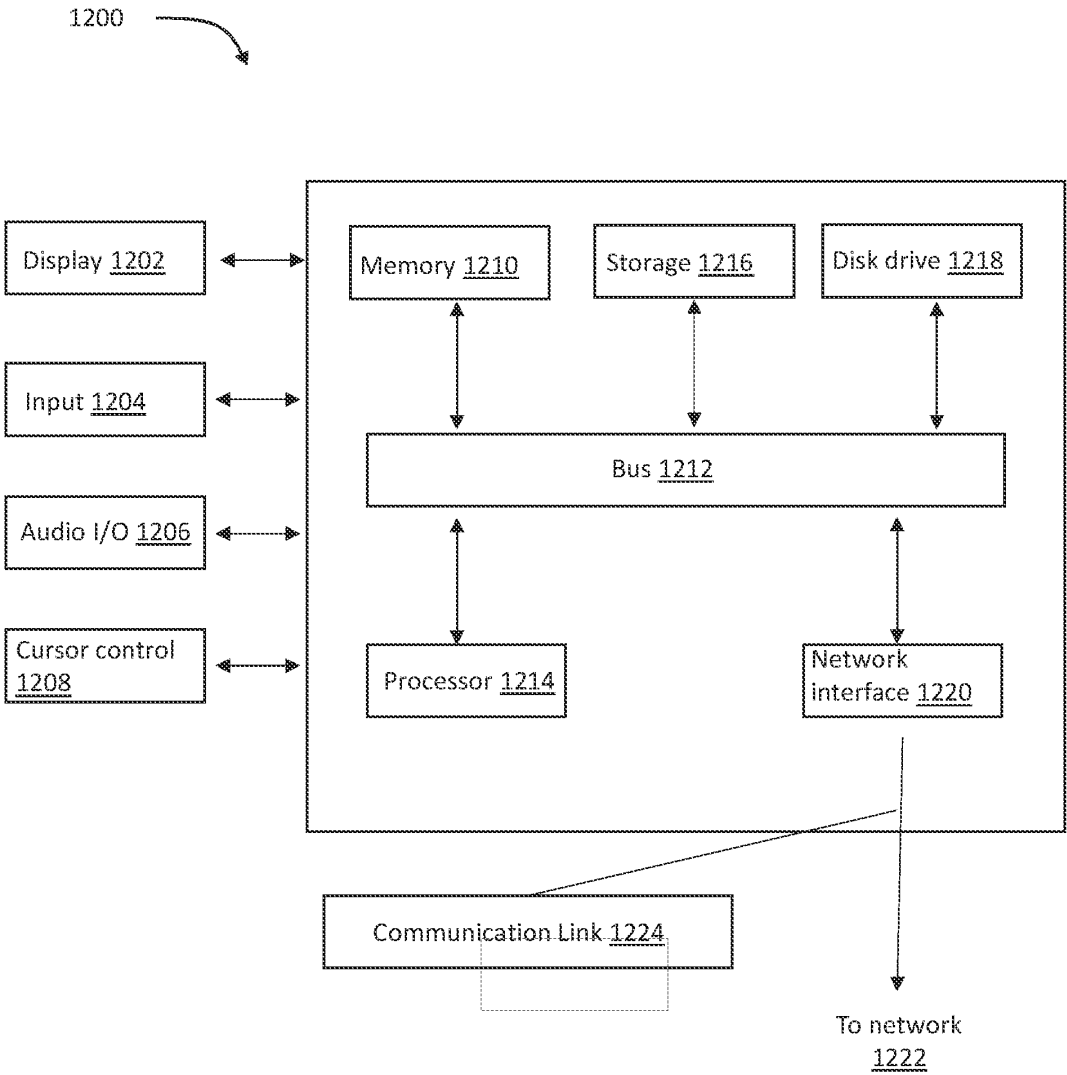


Figure 15