

SF - 36 FORM

ID No.		-		
Form Type	S	F	0	1

INSTRUCTIONS: This survey asks for your views about your health. Answer every question by marking the appropriate option. If you are unsure about how to answer a question, please give the best answer you can. Please be as honest as you can throughout. There are no right or wrong answers. Try not to let your response to one question influence your response to other questions. That is, try to take each question one at a time.

1. Your initials:

2. Date you are completing this form:

SF 36-DYS
Month Day Year

3. In general, would you say your health is:

- (1) Excellent
- (2) Very Good
- (3) Good
- (4) Fair

HEALTH
(4) Poor

4. Compared to a year ago, how would you rate your health in general now?

- (1) Much better now than 1 year ago
- (2) Somewhat better now than 1 year ago
- (3) About the same
- (4) Somewhat worse now than 1 year ago
- (5) Much worse now than 1 year ago

HEALTH-1YR

5. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check one answer on each line.)

- Yes, limited a lot
- Yes, limited a little
- No, not limited at all

- A. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports? (1) (2) (3) VIG
- B. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf? (1) (2) (3) MOD
- C. Lifting or carrying groceries? (1) (2) (3) LIFT
- D. Climbing several flights of stairs? (1) (2) (3) CLIMB
- E. Climbing one flight of stairs? (1) (2) (3) CLIMB 1
- F. Bending, kneeling, or stooping? (1) (2) (3) BEND
- G. Walking more than a mile? (1) (2) (3) WALK-MI
- H. Walking several blocks? (1) (2) (3) WALK-SEB
- I. Walking one block? (1) (2) (3) WALK-1B
- J. Bathing or dressing yourself? (1) (2) (3) BATH

ID No.		-		
Form Type	S	F	0	1

6. 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? (Check one answer on each line.)

- | | <u>Yes</u> | <u>No</u> | |
|--|------------|-----------|--------|
| A. Cut down on the <u>amount of time</u> you spent on work or other activities | (1) | (2) | PROB A |
| B. <u>Accomplished less</u> than you would like | (1) | (2) | PROB B |
| C. Were limited in the <u>kind</u> of work or other activities | (1) | (2) | PROB C |
| D. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort) | (1) | (2) | PROB D |

7. 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)? (Check one answer on each line.)

- | | <u>Yes</u> | <u>No</u> | |
|--|------------|-----------|---------|
| A. Cut down on the <u>amount of time</u> you spent on work or other activities | (1) | (2) | PROB 7A |
| B. <u>Accomplished less</u> than you would like | (1) | (2) | PROB 7B |
| C. Didn't do work or other activities as <u>carefully</u> as usual..... | (1) | (2) | PROB 7C |

8. 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? (Check one answer.)

- | | | | | | |
|---------------------|-------------------|---------------------|----------------------|--------------------|---------------|
| (1)
Not at all | (2)
Slightly | (3)
Moderately | (4)
Quite a bit | (5)
Extremely | NO SOCIAL ACT |
|---------------------|-------------------|---------------------|----------------------|--------------------|---------------|

9. How much bodily pain have you had during the past 4 weeks? (Check one answer.)

- | | | | | | | |
|---------------|--------------------|---------------|-------------------|-----------------|----------------------|----------|
| (1)
None | (2)
Very Mild | (3)
Mild | (4)
Moderate | (5)
Severe | (6)
Very Severe | BOD-PAIN |
|---------------|--------------------|---------------|-------------------|-----------------|----------------------|----------|

10. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Check one answer.)

- | | | | | | |
|---------------------|-----------------------|---------------------|----------------------|--------------------|-----------|
| (1)
Not at all | (2)
A little bit | (3)
Moderately | (4)
Quite a bit | (5)
Extremely | PAINATECF |
|---------------------|-----------------------|---------------------|----------------------|--------------------|-----------|

11. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please indicate the one answer that come closest to the way you have been feeling. How much of the time during the past 4 weeks ... (Check one answer on each line.)

- | | All
of the
<u>Time</u> | Most
of the
<u>Time</u> | A Good
bit of
<u>Time</u> | Some
of the
<u>Time</u> | A little
of the
<u>Time</u> | None
of the
<u>Time</u> |
|---|------------------------------|-------------------------------|---------------------------------|-------------------------------|-----------------------------------|-------------------------------|
| FEEL A
A. Did you feel full of pep?..... | (1) | (2) | (3) | (4) | (5) | (6) |
| FEEL B
B. Have you been a very nervous person?..... | (1) | (2) | (3) | (4) | (5) | (6) |
| FEEL C
C. Have you felt so down in the dumps that nothing could cheer you up?..... | (1) | (2) | (3) | (4) | (5) | (6) |

ID No.				
Form Type	S	F	0	1

11. (Continued)

FEEL D
 FEEL E
 FEEL F
 FEEL G
 FEEL H
 FEEL I

	All of the Time	Most of the Time	A Good bit of Time	Some of the Time	A little of the Time	None of the Time
D. Have you felt calm and peaceful?.....	(1)	(2)	(3)	(4)	(5)	(6)
E. Did you have a lot of energy?	(1)	(2)	(3)	(4)	(5)	(6)
F. Have you felt down-hearted and blue?.....	(1)	(2)	(3)	(4)	(5)	(6)
G. Did you feel worn out?	(1)	(2)	(3)	(4)	(5)	(6)
H. Have you been a happy person?	(1)	(2)	(3)	(4)	(5)	(6)
I. Did you feel tired?.....	(1)	(2)	(3)	(4)	(5)	(6)

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

ACTIVITY

(1)	(2)	(3)	(4)	(5)
All of the time	Most of the time	Some of the time	A little of the time	None of the time

13. How true or false is each of the following statements for you? (Check one answer on each line.)

TFA
 TFB
 TFC
 TFD

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
A. I seem to get sick a little easier than other people.....	(1)	(2)	(3)	(4)	(5)
B. I am as healthy as anybody I know	(1)	(2)	(3)	(4)	(5)
C. I expect my health to get worse	(1)	(2)	(3)	(4)	(5)
D. My health is excellent	(1)	(2)	(3)	(4)	(5)

SEX
 OLD
 EVER

A. Which are you?	(1) Male	(2) Female
B. How old were you on your last birthday?	(01) Less than 35 (02) 35-44 (03) 45-54 (04) 55-64	(05) 65-84

15. Have you ever filled out this form before?

(1) Yes	(2) No	(3) Don't remember
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TO BE COMPLETED BY CLINICAL UNIT STAFF

16. Research Coordinator:

Signature: _____

RTS Staff No: _____

17. Date form reviewed: _____

Month Day Year

ID No.				
Form Type	S	F	0	1

SF - 36 FORM

ID No.				
Form Type	S	F	O	1

INSTRUCTIONS: This survey asks for your views about your health. Answer every question by marking the appropriate option. If you are unsure about how to answer a question, please give the best answer you can. Please be as honest as you can throughout. There are no right or wrong answers. Try not to let your response to one question influence your response to other questions. That is, try to take each question one at a time.

1. Your initials:

SF 36 DYS

2. Date you are completing this form:
Month Day Year

3. In general, would you say your health is: HEALTH

(1)	(2)	(3)	(4)	(5)
Excellent	Very Good	Good	Fair	Poor

4. Compared to a year ago, how would you rate your health in general now? HLTH-1YR

(1)	(2)	(3)	(4)	(5)
Much better now than 1 year ago	Somewhat better now than 1 year ago	About the same	Somewhat worse now than 1 year ago	Much worse now than 1 year ago

5. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Check **one** answer on each line.)

	Yes, limited <u>a lot</u>	Yes, limited <u>a little</u>	No, not limited <u>at all</u>
A. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports?	(1)	(2)	(3) VIG
B. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	(1)	(2)	(3) MOD
C. Lifting or carrying groceries?	(1)	(2)	(3) LIFT
D. Climbing <u>several</u> flights of stairs?	(1)	(2)	(3) CLIMB
E. Climbing <u>one</u> flight of stairs?	(1)	(2)	(3) CLIMB1
F. Bending, kneeling, or stooping?	(1)	(2)	(3) BEND
G. Walking <u>more than a mile</u> ?	(1)	(2)	(3) WALK-MT
H. Walking <u>several blocks</u> ?	(1)	(2)	(3) WALK-SEV
I. Walking <u>one block</u> ?	(1)	(2)	(3) WALK-1
J. Bathing or dressing yourself?	(1)	(2)	(3) BATH

ID No.				
Form Type	S	F	O	1

6. 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? (Check **one** answer on each line.)

- | | <u>Yes</u> | <u>No</u> |
|--|------------|---------------------|
| A. Cut down on the <u>amount of time</u> you spent on work or other activities | (1) | (2) <i>PROB A</i> |
| B. <u>Accomplished less</u> than you would like | (1) | (2) <i>PROB B</i> |
| C. Were limited in the <u>kind</u> of work or other activities | (1) | (2) <i>PROB C</i> |
| D. Had <u>difficulty</u> performing the work or other activities (for example, it took extra effort) | (1) | (2) <i>PROB D</i> |

7. 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)? (Check **one** answer on each line.)

- | | <u>Yes</u> | <u>No</u> |
|--|------------|---------------------|
| A. Cut down on the <u>amount of time</u> you spent on work or other activities | (1) | (2) <i>PROB A</i> |
| B. <u>Accomplished less</u> than you would like | (1) | (2) <i>PROB B</i> |
| C. Didn't do work or other activities as <u>carefully</u> as usual..... | (1) | (2) <i>PROB C</i> |

8. 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? (Check **one** answer.)

- | | | | | |
|---------------------|-------------------|---------------------|----------------------|--------------------|
| (1)
Not at all | (2)
Slightly | (3)
Moderately | (4)
Quite a bit | (5)
Extremely |
|---------------------|-------------------|---------------------|----------------------|--------------------|
- NOR. ACT*

9. How much bodily pain have you had during the past 4 weeks? (Check **one** answer.)

- | | | | | | |
|---------------|--------------------|---------------|-------------------|-----------------|----------------------|
| (1)
None | (2)
Very Mild | (3)
Mild | (4)
Moderate | (5)
Severe | (6)
Very Severe |
|---------------|--------------------|---------------|-------------------|-----------------|----------------------|
- BOD. PAIN*

10. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Check **one** answer.)

- | | | | | |
|---------------------|-----------------------|---------------------|----------------------|--------------------|
| (1)
Not at all | (2)
A little bit | (3)
Moderately | (4)
Quite a bit | (5)
Extremely |
|---------------------|-----------------------|---------------------|----------------------|--------------------|
- PAIN INTERF.*

11. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks ... (Check **one** answer on each line.)

- | | All
of the
<u>Time</u> | Most
of the
<u>Time</u> | A Good
bit of
<u>Time</u> | Some
of the
<u>Time</u> | A little
of the
<u>Time</u> | None
of the
<u>Time</u> |
|---|------------------------------|-------------------------------|---------------------------------|-------------------------------|-----------------------------------|-------------------------------|
| <i>FEEL A</i> A. Did you feel full of pep?..... | (1) | (2) | (3) | (4) | (5) | (6) |
| <i>FEEL B</i> B. Have you been a very nervous person?..... | (1) | (2) | (3) | (4) | (5) | (6) |
| <i>FEEL C</i> C. Have you felt so down in the dumps that nothing could cheer you up?..... | (1) | (2) | (3) | (4) | (5) | (6) |

ID No.				
Form Type	S	F	O	1

11. (Continued)

		All of the Time	Most of the Time	A Good bit of Time	Some of the Time	A little of the Time	None of the Time
<i>FEEL</i>	D. Have you felt calm and peaceful?.....	(1)	(2)	(3)	(4)	(5)	(6)
<i>FEEL</i>	E. Did you have a lot of energy?	(1)	(2)	(3)	(4)	(5)	(6)
<i>FEEL</i>	F. Have you felt down-hearted and blue?.....	(1)	(2)	(3)	(4)	(5)	(6)
<i>FEEL</i>	G. Did you feel worn out?	(1)	(2)	(3)	(4)	(5)	(6)
<i>FEEL</i>	H. Have you been a happy person?	(1)	(2)	(3)	(4)	(5)	(6)
<i>FEEL</i>	I. Did you feel tired?.....	(1)	(2)	(3)	(4)	(5)	(6)

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

	(1)	(2)	(3)	(4)	(5)
<i>ACTIVITY</i>	All of the time	Most of the time	Some of the time	A little of the time	None of the time

13. How true or false is each of the following statements for you? (Check one answer on each line.)

	Definitely True	Mostly True	Don't Know	Mostly False	Definitely False
<i>TFA</i>	(1)	(2)	(3)	(4)	(5)
A. I seem to get sick a little easier than other people.....					
<i>TFB</i>	(1)	(2)	(3)	(4)	(5)
B. I am as healthy as anybody I know					
<i>TFC</i>	(1)	(2)	(3)	(4)	(5)
C. I expect my health to get worse					
<i>TFD</i>	(1)	(2)	(3)	(4)	(5)
D. My health is excellent					

<i>SEX</i>	14. A. Which are you?	(1) Male	(2) Female
<i>OLD</i>	B. How old were you on your last birthday?	(1) Less than 35 (2) 35-44 (3) 45-54 (4) 55-64	(5) 65-74 (6) 75-84 (7) 85 or older

EVER 15. Have you ever filled out this form before? (1) Yes (2) No (3) Don't remember

TO BE COMPLETED BY CLINICAL UNIT STAFF			
16. Research Coordinator:			
Signature:	RTS Staff No:		
17. Date form reviewed:	Month	Day	Year

ID No.		-		
Form Type	S	F	O	1

FORM 12 (Rev. 0, 1)

SF-36 FORM

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
HEADER	NEWID	I(4)	Patient ID
2	SF36_DYS	I(4)	Date SF-36 completed Days from Randomization
3	HEALTH	I(1)	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor
4	HLTH_1YR	I(1)	1 = Much better 2 = Somewhat better 3 = About the same 4 = Somewhat worse 5 = Much worse
5A	VIG	I(1)	1 = Yes, limited a lot 2 = Yes, limited a little 3 = No, not limited at all
5B	MOD		
5C	LIFT		
5D	CLIMB		
5E	CLIMB1		
5F	BEND		
5G	WALK_MI		
5H	WALK_SEV		
5I	WALK_BL		
5J	BATH		
6A	PROBA	I(1)	1 = Yes, 2 = No
6B	PROBB		
6C	PROBC		
6D	PROBD		
7A	PROB1A	I(1)	1 = Yes, 2 = No
7B	PROB1B		
7C	PROB1C		
8	NORM_ACT	I(1)	1 = Not at all 2 = Slightly 3 = Moderately 4 = Quite a bit 5 = Extremely
9	BOD_PAIN	I(1)	1 = None 2 = Very mild 3 = Mild 4 = Moderate 5 = Severe 6 = Very severe

SF-36 FORM
(Continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE AND LENGTH</u>	<u>CODES OR UNITS</u>
10	PNINTERF	I(1)	1 = Not at all 2 = A little bit 3 = Moderately 4 = Quite a bit 5 = Extremely
11A 11B 11C 11D 11E 11F 11G 11H 11I	FEELA FEELB FEELC FEELD FEELE FEELF FEELG FEELH FEELI	I(1)	1 = All of the time 2 = Most of the time 3 = A good bit of the time 4 = Some of the time 5 = A little of the time 6 = None of the time
12	ACTIVITY	I(1)	1 = All of the time 2 = Most of the time 3 = Some of the time 4 = A little of the time 5 = None of the time
13A 13B 13C 13D	TFA TFB TFC TFD	I(1)	1 = Definitely true 2 = Mostly true 3 = Don't know 4 = Mostly false 5 = Definitely false
14A 14B	SEX OLD	I(1) I(1)	1 = Male, 2 = Female 1 = < 35 2 = 35-44 3 = 45-54 4 = 55-64 5 = 65-84
15	EVER	I(1)	1 = Yes, 2 = No, 3 = Don't remember

CONTENTS PROCEDURE

Data Set Name:	RTS.FORM12	Observations:	388
Member Type:	DATA	Variables:	41
Engine:	V612	Indexes:	0
Created:	11:06 Thursday, April 27, 2000	Observation Length:	169
Last Modified:	11:06 Thursday, April 27, 2000	Deleted Observations:	0
Protection:		Compressed:	NO
Data Set Type:		Sorted:	NO
Label:			

-----Engine/Host Dependent Information-----

Data Set Page Size:	8192
Number of Data Set Pages:	9
File Format:	607
First Data Page:	1
Max Obs per Page:	48
Obs in First Data Page:	16

-----Alphabetic List of Variables and Attributes-----

#	Variable	Type	Len	Pos	Format	Informat	Label
32	ACTIVITY	Num	4	124	1.	BEST22.	f12q12 Interfered with social activities
12	BATH	Num	4	44	1.	BEST22.	f12q5j Bathing or dressing
8	BEND	Num	4	28	1.	BEST22.	f12q5f Bending, kneeling or stooping
21	BOD_PAIN	Num	4	80	1.	BEST22.	f12q9 Bodily pain in past 4 weeks
6	CLIMB	Num	4	20	1.	BEST22.	f12q5d Climbing sev. flights of stairs
7	CLIMB1	Num	4	24	1.	BEST22.	f12q5e Climb one flight of stairs
39	EVER	Num	4	152	1.	BEST22.	f12q15 Filled out form before
23	FEELA	Num	4	88	1.	BEST22.	f12q11a Feel full of pep
24	FEELB	Num	4	92	1.	BEST22.	f12q11b Have been nervous
25	FEELC	Num	4	96	1.	BEST22.	f12q11c Down in dumps
26	FEELD	Num	4	100	1.	BEST22.	f12q11d Calm and peaceful
27	FEELE	Num	4	104	1.	BEST22.	f12q11e Had a lot of energy
28	FEELF	Num	4	108	1.	BEST22.	f12q11f Down-hearted and blue
29	FEELG	Num	4	112	1.	BEST22.	f12q11g Felt worn out
30	FEELH	Num	4	116	1.	BEST22.	f12q11h Been happy
31	FEELI	Num	4	120	1.	BEST22.	f12q11i Felt tired
1	HEALTH	Num	4	0	1.	BEST22.	f12q3 Patient report of health
2	HLTH_1YR	Num	4	4	1.	BEST22.	f12q4 Health compared to 1 year ago
5	LIFT	Num	4	16	1.	BEST22.	f12q5c Lifting or carrying groceries
4	MOD	Num	4	12	1.	BEST22.	f12q5b Moderate activities
41	NEWID	Num	8	161	4.		Patient ID
20	NORM_ACT	Num	4	76	1.	BEST22.	f12q8 Interfered with social activities
38	OLD	Num	4	148	1.	BEST22.	f12q14 Age at last birthday
22	PNINTERF	Num	4	84	1.	BEST22.	f12q10 Pain interfered with work
17	PROB1A	Num	4	64	1.	BEST22.	f12q7a Cut down time on work
18	PROB1B	Num	4	68	1.	BEST22.	f12q7b Accomplished less
19	PROB1C	Num	4	72	1.	BEST22.	f12q7c Not as careful as usual
13	PROBA	Num	4	48	1.	BEST22.	f12q6a Cut down time on work
14	PROBB	Num	4	52	1.	BEST22.	f12q6b Accomplished less
15	PROBC	Num	4	56	1.	BEST22.	f12q6c Limited in the kind of work
16	PROBD	Num	4	60	1.	BEST22.	f12q6d Difficulting performing work

CONTENTS PROCEDURE

#	Variable	Type	Len	Pos	Format	Informat	Label
37	SEX	Num	4	144	1.	BEST22.	f12q14a Sex
40	SF36_DYS	Num	5	156	4.		f12q2 Days since randomization
33	TFA	Num	4	128	1.	BEST22.	f12q13a Get sick easier than others
34	TFB	Num	4	132	1.	BEST22.	f12q13b As healthy as anyone else
35	TFC	Num	4	136	1.	BEST22.	f12q13c Expect health to get worse
36	TFD	Num	4	140	1.	BEST22.	f12q13d Health is excellent
3	VIG	Num	4	8	1.	BEST22.	f12q5a Vigorous activities
11	WALK_BL	Num	4	40	1.	BEST22.	f12q5i Walking one block
9	WALK_MI	Num	4	32	1.	BEST22.	f12q5g Walking more than a mile
10	WALK_SEV	Num	4	36	1.	BEST22.	f12q5h Walking several blocks

The MEANS Procedure

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
HEALTH	f12q3 Patient report of health	388	1.9123711	0.8085790	1.0000000	4.0000000
HLTH_1YR	f12q4 Health compared to 1 year ago	388	2.8608247	0.5894958	1.0000000	5.0000000
VIG	f12q5a Vigorous activities	388	2.5231959	0.6643200	1.0000000	3.0000000
MOD	f12q5b Moderate activities	388	2.8195876	0.4585426	1.0000000	3.0000000
LIFT	f12q5c Lifting or carrying groceries	388	2.8530928	0.4149228	1.0000000	3.0000000
CLIMB	f12q5d Climbing sev. flights of stairs	388	2.7860825	0.4748040	1.0000000	3.0000000
CLIMB1	f12q5e Climb one flight of stairs	388	2.9304124	0.3097099	1.0000000	3.0000000
BEND	f12q5f Bending, kneeling or stooping	388	2.7628866	0.5036958	1.0000000	3.0000000
WALK_MI	f12q5g Walking more than a mile	388	2.8092784	0.5131012	1.0000000	3.0000000
WALK_SEV	f12q5h Walking several blocks	387	2.8811370	0.4088791	1.0000000	3.0000000
WALK_BL	f12q5i Walking one block	388	2.9484536	0.2918757	1.0000000	3.0000000
BATH	f12q5j Bathing or dressing	388	2.9304124	0.3179437	1.0000000	3.0000000
PROBA	f12q6a Cut down time on work	388	1.9046392	0.2940919	1.0000000	2.0000000
PROBB	f12q6b Accomplished less	388	1.8427835	0.3644748	1.0000000	2.0000000
PROBC	f12q6c Limited in the kind of work	388	1.8969072	0.3044726	1.0000000	2.0000000
PROBD	f12q6d Difficulting performing work	387	1.8708010	0.3358542	1.0000000	2.0000000
PROB1A	f12q7a Cut down time on work	388	1.9123711	0.2831195	1.0000000	2.0000000
PROB1B	f12q7b Accomplished less	388	1.8453608	0.3620272	1.0000000	2.0000000
PROB1C	f12q7c Not as careful as usual	388	1.9046392	0.2940919	1.0000000	2.0000000
NORM_ACT	f12q8 Interfered with social activities	388	1.3170103	0.6588843	1.0000000	4.0000000
BOD_PAIN	f12q9 Bodily pain in past 4 weeks	388	2.3247423	1.2019391	1.0000000	6.0000000
PNINTERF	f12q10 Pain interfered with work	388	1.5051546	0.8212137	1.0000000	5.0000000
FEELA	f12q11a Feel full of pep	388	2.8659794	1.0553554	1.0000000	6.0000000
FEELB	f12q11b Have been nervous	388	4.9896907	1.1159621	1.0000000	6.0000000
FEELC	f12q11c Down in dumps	388	5.6365979	0.6739147	1.0000000	6.0000000
FEELD	f12q11d Calm and peaceful	388	2.9175258	1.1336534	1.0000000	6.0000000
FEELE	f12q11e Had a lot of energy	388	2.8402062	1.0688118	1.0000000	6.0000000
FEELF	f12q11f Down-hearted and blue	388	5.2319588	0.7694485	2.0000000	6.0000000
FEELG	f12q11g Felt worn out	388	4.6391753	1.0185420	1.0000000	6.0000000
FEELH	f12q11h Been happy	388	2.4278351	1.0051282	1.0000000	6.0000000
FEELI	f12q11i Felt tired	387	4.3255814	1.0064259	1.0000000	6.0000000
ACTIVITY	f12q12 Interfered with social activities	388	4.6494845	0.6595157	1.0000000	5.0000000
TFA	f12q13a Get sick easier than others	388	4.4278351	0.9021642	1.0000000	5.0000000
TFB	f12q13b As healthy as anyone else	388	1.7938144	1.0583801	1.0000000	5.0000000
TFC	f12q13c Expect health to get worse	387	4.1136951	1.0268386	1.0000000	5.0000000
TFD	f12q13d Health is excellent	386	1.8911917	0.9472175	1.0000000	5.0000000
SEX	f12q14a Sex	388	1.7422680	0.4379504	1.0000000	2.0000000
OLD	f12q14 Age at last birthday	387	2.4857881	1.1388930	1.0000000	5.0000000

Variable	Label	N	Mean	Std Dev	Minimum	Maximum
EVER	f12q15 Filled out form before	388	2.0	0.1	1.0	3.0
SF36_DYS	f12q2 Days since randomization	313	-41.2	12.8	-121.0	0.0
NEWID	Patient ID	388	211.5	141.9	1.0	556.0