

FRAMINGHAM HEART STUDY - CODING MANUAL

HEALTH QUESTIONNAIRE SF36

COHORT: OFFSPRING

DATA COLLECTION TIME FRAME: EXAM 6

SAS DATASET NAME: Q_SF36_EX06_1_0112D.SAS7BDAT

#RECORDS 3049

The value ranges and observation number stated in the manual are based on the original data set. In some cases, observation may be deleted due to participant consent form restriction. If observations have been deleted from this data set, the ranges or observation number may differ from those stated in this manual.

NOTE:

THIS SURVEY ASKS THE PARTICIPANT FOR THEIR VIEWS ABOUT THEIR HEALTH.THEY ANSWERED QUESTIONS BY CIRCLING THE APPROPRIATE NUMBER, 1,2,3... IF THEY WERE UNSURE ABOUT HOW TO ANSWER A QUESTION, THEY WERE INSTRUCTED TO GIVE THE BEST ANSWER THEY COULD.

VARIABLE INFORMATION

IDTYPE FRAMINGHAM HEART STUDY COHORT IDENTIFIER
 1 OFFSPRING

ID FRAMINGHAM HEART STUDY PARTICIPANT ID NUMBER

 **DELETED TO PRESERVE CONFIDENTIALITY, USE RANDOM ID (PID)

PID RANDOM ID

 **RANDOM ID REPLACES FRAMINGHAM ID TO PRESERVE CONFIDENTIALITY

SF1 *IN GENERAL, WOULD YOU SAY YOUR HEALTH IS:

 1 EXCELLENT

 2 VERY GOOD

 3 GOOD

 4 FAIR

 5 POOR

 . UNKNOWN (22)

- SF2 *COMPARED TO ONE YEAR AGO, HOW WOULD YOU RATE YOUR HEALTH IN GENERAL NOW?
- 1 MUCH BETTER NOW
 - 2 SOMEWHAT BETTER NOW
 - 3 ABOUT THE SAME
 - 4 SOMEWHAT WORSE NOW
 - 5 MUCH WORSE NOW
 - . UNKNOWN (11)
- SF3 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?
- *VIGOROUS ACTIVITIES, SUCH AS RUNNING, LIFTING HEAVY OBJECTS, PARTICIPATING IN STRENUOUS SPORTS
- 1 YES, LIMITED A LOT
 - 2 YES, LIMITED A LITTLE
 - 3 NO, NOT LIMITED AT ALL
 - . UNKNOWN (79)
- SF4 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?
- *MODERATE ACTIVITIES SUCH AS MOVING A TABLE, PUSHING A VACUUM CLEANER, BOWLING, OR PLAYING GOLF.
- 1 YES, LIMITED A LOT
 - 2 YES, LIMITED A LITTLE
 - 3 NO, NOT LIMITED AT ALL
 - . UNKNOWN (19)
- SF5 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?
- *LIFTING OR CARRYING GROCERIES
- 1 YES, LIMITED A LOT
 - 2 YES, LIMITED A LITTLE
 - 3 NO, NOT LIMITED AT ALL
 - . UNKNOWN (17)

SF6 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?

*CLIMBING SEVERAL FLIGHTS OF STAIRS

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL
- . UNKNOWN (34)

SF7 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?

*CLIMBING ONE FLIGHT OF STAIRS

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL
- . UNKNOWN (34)

SF8 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?

*BENDING, KNEELING, OR STOOPING

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL
- . UNKNOWN (29)

SF9 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?

*WALKING MORE THAN A MILE

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL
- . UNKNOWN (36)

SF10 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?

*WALKING SEVERAL BLOCKS

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL
- . UNKNOWN (31)

SF11 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?

*WALKING ONE BLOCK

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL
- . UNKNOWN (33)

SF12 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?

*BATHING AND DRESSING YOURSELF

- 1 YES, LIMITED A LOT
- 2 YES, LIMITED A LITTLE
- 3 NO, NOT LIMITED AT ALL
- . UNKNOWN (18)

SF13 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?

*CUT DOWN ON THE AMOUNT OF TIME YOU SPENT ON WORK OR OTHER ACTIVITIES

- 1 YES
- 2 NO
- . UNKNOWN (77)

SF14 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?

*ACCOMPLISHED LESS THAN YOU WOULD LIKE

- 1 YES
- 2 NO
- . UNKNOWN (78)

SF15 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?

*WERE LIMITED IN THE KIND OF WORK OR OTHER ACTIVITIES

- 1 YES
- 2 NO
- . UNKNOWN (98)

SF16 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?

*HAD DIFFICULTY PERFORMING THE WORK OR OTHER ACTIVITIES (FOR EXAMPLE, IT TOOK EXTRA EFFORT)

- 1 YES
- 2 NO
- . UNKNOWN (88)

SF17 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)?

*CUT DOWN ON THE AMOUNT OF TIME YOU SPENT ON WORK OR OTHER ACTIVITIES

- 1 YES
- 2 NO
- . UNKNOWN (80)

SF18 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)?

*ACCOMPLISHED LESS THAN YOU WOULD LIKE

- 1 YES
- 2 NO
- . UNKNOWN (79)

SF19 DURING THE PAST 4 WEEKS, HAVE YOU HAD ANY OF THE FOLLOWING PROBLEMS WITH YOUR WORK OR OTHER REGULAR DAILY ACTIVITIES AS RESULT OF ANY EMOTIONAL PROBLEMS (SUCH AS FEELING DEPRESSED OR ANXIOUS)?

*DIDN'T DO WORK OR OTHER ACTIVITIES AS CAREFULLY AS USUAL

- 1 YES
- 2 NO
- . UNKNOWN (85)

SF20 *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?

- 1 NOT AT ALL
- 2 SLIGHTLY
- 3 MODERATELY
- 4 QUITE A BIT
- 5 EXTREMELY
- . UNKNOWN (62)

SF21 *HOW MUCH BODILY PAIN HAVE YOU HAD DURING THE PAST 4 WEEKS?

- 1 NONE
- 2 VERY MILD
- 3 MILD
- 4 MODERATE
- 5 SEVERE
- 6 VERY SEVERE
- . UNKNOWN (76)

SF22 *DURING THE PAST 4 WEEKS HOW MUCH DID PAIN INTERFERE WITH YOUR NORMAL WORK (INCLUDING BOTH WORK OUTSIDE THE HOME AND HOUSEWORK)?

- 1 NOT AT ALL
- 2 SLIGHTLY
- 3 MODERATELY
- 4 QUITE A BIT
- 5 EXTREMELY
- . UNKNOWN (69)

SF23

THESE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS HAVE BEEN WITH YOU DURING THE PAST MONTH. 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 MONTH...

*DID YOU FEEL FULL OF PEP?

- 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
- . UNKNOWN (74)

SF24

THESE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS HAVE BEEN WITH YOU DURING THE PAST MONTH. 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 MONTH...

*HAVE YOU BEEN A VERY NERVOUS PERSON?

- 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
- . UNKNOWN (80)

SF25

THESE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS HAVE BEEN WITH YOU DURING THE PAST MONTH. 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 MONTH...

*HAVE YOU FELT SO DOWN IN THE DUMPS THAT NOTHING COULD CHEER YOU UP?

- 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
- . UNKNOWN (65)

SF26

THESE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS
HAVE BEEN WITH YOU DURING THE PAST MONTH. 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 MONTH...

*HAVE YOU FELT CALM AND PEACEFUL?

- 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
- . UNKNOWN (71)

SF27

THESE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS
HAVE BEEN WITH YOU DURING THE PAST MONTH. 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 MONTH...

*DID YOU HAVE A LOT OF ENERGY?

- 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
- . UNKNOWN (93)

SF28

THESE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS
HAVE BEEN WITH YOU DURING THE PAST MONTH. 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 MONTH...

*HAVE YOU FELT DOWNHEARTED AND BLUE?

- 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
- . UNKNOWN (77)

SF29

THESE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS HAVE BEEN WITH YOU DURING THE PAST MONTH. 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 MONTH...

*DID YOU FEEL WORN OUT?

- 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
- . UNKNOWN (89)

SF30

THESE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS HAVE BEEN WITH YOU DURING THE PAST MONTH. 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 MONTH...

*HAVE YOU BEEN A HAPPY PERSON?

- 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
- . UNKNOWN (76)

SF31

THESE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS HAVE BEEN WITH YOU DURING THE PAST MONTH. 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 MONTH...

*DID YOU FEEL TIRED?

- 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
- . UNKNOWN (78)

SF32 THESE QUESTIONS ARE ABOUT HOW YOU FEEL AND HOW THINGS HAVE BEEN WITH YOU DURING THE PAST MONTH. 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 MONTH...

*HAS YOUR HEALTH LIMITED YOUR SOCIAL ACTIVITIES (LIKE VISITING WITH FRIENDS OR CLOSE RELATIVES)?

- 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
- . UNKNOWN (64)

SF33 PLEASE CHOOSE THE ANSWER THAT BEST DESCRIBES HOW TRUE OR FALSE EACH OF THE FOLLOWING STATEMENTS IS FOR YOU

*I SEEM TO GET SICK A LITTLE EASIER THAN OTHER PEOPLE

- 1 DEFINITELY TRUE
- 2 MOSTLY TRUE
- 3 NOT SURE
- 4 MOSTLY FALSE
- 5 DEFINITELY FALSE
- . UNKNOWN (66)

SF34 PLEASE CHOOSE THE ANSWER THAT BEST DESCRIBES HOW TRUE OR FALSE EACH OF THE FOLLOWING STATEMENTS IS FOR YOU

*I AM AS HEALTHY AS ANYBODY I KNOW

- 1 DEFINITELY TRUE
- 2 MOSTLY TRUE
- 3 NOT SURE
- 4 MOSTLY FALSE
- 5 DEFINITELY FALSE
- . UNKNOWN (77)

SF35 PLEASE CHOOSE THE ANSWER THAT BEST DESCRIBES HOW TRUE OR FALSE EACH OF THE FOLLOWING STATEMENTS IS FOR YOU

*I EXPECT MY HEALTH TO GET WORSE

- 1 DEFINITELY TRUE
- 2 MOSTLY TRUE
- 3 NOT SURE
- 4 MOSTLY FALSE
- 5 DEFINITELY FALSE
- . UNKNOWN (81)

SF36

PLEASE CHOOSE THE ANSWER THAT BEST DESCRIBES HOW TRUE
OR FALSE EACH OF THE FOLLOWING STATEMENTS IS FOR YOU

*MY HEALTH IS EXCELLENT

- 1 DEFINITELY TRUE
- 2 MOSTLY TRUE
- 3 NOT SURE
- 4 MOSTLY FALSE
- 5 DEFINITELY FALSE
- . UNKNOWN (73)

* THESE QUESTIONS ARE SELF REPORT. SOME INCONSISTENCIES AMONG
RELATED QUESTIONS WERE NOTED DURING THE CLEANING PROCESS.