SECTION 1 – DISABILITY RATING INDEX

What is the date you are completing this form: ☐☐-☐☐-☐☐☐☐

These questions ask you to think back to the week **prior your injury and** your ability to perform the following activities. If you did not do a specific task please give your best estimate.

How do you manage the following activities?
After each question, please mark ONE POINT on the line

PLEASE ANSWER ALL QUESTIONS

Without difficulty — Not at all

With some difficulty - With difficulty - With great difficulty

Activity		Office use:
Dressing (without help)	|———————|	☐
Out-door walks	|———————|	☐
Climbing stairs	|———————|	☐
Sitting longer time	|———————|	☐
Standing bent over a sink	|———————|	☐
Carrying a bag	|———————|	☐
Making a bed	|———————|	☐
Running	|———————|	☐
Light work	|———————|	☐
Heavy work	|———————|	☐
Lifting heavy objects	|———————|	☐
Participating in exercise/sports	|———————|	☐

Centre ID ☐☐☐ Participant ID ☐☐☐☐

SECTION 2 - SF12

The following questions ask for your views about your health and how you felt about life in general **prior to your injury**. If you are unsure about how to answer any question, try and think about your overall health at that time and give the best answer you can. Do not spend too much time answering, as your immediate response is likely to be the most accurate.

1. In general, would you say your health was: *(Please tick **one** box)*

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

2. The following questions are about activities you might do during a typical day. **Prior to your injury** did your health limit you in these activities? If so, how much? *(Please tick **one** box on each line)*

	Yes, Limited a lot	Yes, Limited a little	No, not limited at all
a) **Moderate activities**, such as moving a table, pushing a vacuum, bowling or playing golf	☐	☐	☐
b) Climbing **several** flights of stairs	☐	☐	☐

3. In the week **prior to your injury**, how much time did you have any of the following problems with your work or other regular daily activities *as a result of your physical health? (Please tick **one** box on each line)*

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) **Accomplished less** than you would like	☐	☐	☐	☐	☐
b) Were limited in the **kind** of work or other activities	☐	☐	☐	☐	☐

4. In the week **prior to your injury**, how much time did you have 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)? *(Please tick **one** box on each line)*

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) **Accomplished less** than you would like	☐	☐	☐	☐	☐
b) Didn't do work or other activities as care-fully as usual	☐	☐	☐	☐	☐

5. In the week **prior to your injury**, how much did *pain* interfere with your normal work (including work both outside the home and housework)? *(Please tick **one** box)*

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

6. These questions are about how you felt and how things had been with you *in the week **prior to your injury***. For each question please give the one answer that comes closest to the way you had been feeling. (*Please tick **one** box on each line)*

How much time during the week prior to your injury:	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Did you felt calm and peaceful?	☐	☐	☐	☐	☐
b) Did you have a lot of energy?	☐	☐	☐	☐	☐
c) Did you felt downhearted and low?	☐	☐	☐	☐	☐

7. In the week **prior to your injury**, how much of the time had your *physical health or emotional problems* interfered with your social activities (like visiting friends, relatives etc.)? *(Please tick **one** box)*

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐