RESEARCH INSTRUMENT

Short Form-36 Health Survey (SF-36)

YEAR DEVELOPED

1988 (developmental form); 1990 (standard form); 1996 (SF-36v2)

PURPOSE

To measure various aspects of an individual's health in a comprehensive yet brief manner and from the individual's point of view.

VARIABLES OF INTEREST

Measures eight health concepts: physical functioning, social functioning, role limitations due to physical health problems, role limitations due to emotional problems, general mental health, general health perceptions, bodily pain, and vitality. These concepts were selected from 40 in the Medical Outcomes Study which had evolved from the Rand Health Insurance Experiment.

ORIGINAL POPULATION

English speaking adults who participated in the Medical Outcomes Study in 1986-1987in Chicago, Illinois, Boston, Massachusetts, and Los Angeles, California. Over 15,000 patients completed the questionnaire. Clinicians of these patients provided information about their health status.

QUESTION FORMAT

The most recent version of the survey (SF-36v2 Health Survey ©1996, 2000 by Quality Metric Incorporated and Medical Outcomes Trust) contains 11 questions, most consisting of Likert-type responses. For example, a question concerning the existence of problems resulting from physical health causing the respondent to accomplish less than desired has a five-choice response ranging from "all of the time" to "none of the time." In an earlier version of the instrument the available choices were simply "yes" and "no."

The concept Physical Functioning is represented by 10 items; Role-Physical by 4 items; Bodily Pain by 2 items; General Health by 5 items. These make up the Physical Health Component. The Mental Health Component consists of Vitality (4 items); Social Functioning (2 items); Role-Emotional (3 items); and Mental Health (5 items).

ADMINISTRATION

The instrument can be self administered or administered by interview, either in person or by telephone, in less than 15 minutes. Details of administration and scoring are described in user manuals available from the publisher at http://www.qualitymetric.com.

SCORING

Current recommendations involve a "norm-based" scoring system which standardizes each of the eight scales, allows for easier interpretation, and makes comparisons of the scales possible. Current norms based on 1998 data are available from the publisher.

One item, a self-rating of current health status compared to a year ago (five choices ranging from "much better" to "much worse"), is not included in the scoring.

Source

Ware, JE. (2000). SF-36 Health Survey Update. SPINE, 25(24):3130-3139

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PSYCHOMETRICS

Factor analysis has validated the existence of eight scales which fall into either the Physical or Mental Health Components mentioned above. Many reliability and validity studies (Jenkinson, Wright, & Coulter, 1994; McHorney, Ware, & Raczek, 1993) have been conducted on the SF-36, and in most, reliability coefficients have been greater .70. Analyses have also produced evidence of content, concurrent, criterion, construct, and predictive validity. Individual scales and summary measures have been useful in screening and measuring aspects of specific diseases and conditions.

HOW TO OBTAIN

Individuals wishing to use the SF-36 must be licensed and must obtain permission from the copyright holders. A license form is available on the website http://www.qualitymetric.com. Samples of the various versions of the instrument are also available on this website. Manuals for its use and scoring can be purchased from the site as well. The guide, "SF-36 Health Survey: Manual and Interpretation Guide," is included in the reference list of this description.

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MODIFICATIONS

Researchers in the Rand Corporation's Health Insurance Experiment (HIE) and Medical Outcomes Study (MOS) produced the 149-item Functioning and Well-Being Profile using various instruments such as the General Psychological Well-Being Inventory and the Health Perceptions Questionnaire, among several others, as sources of items that were modified to meet their needs. A short form, the SF-20, was published in 1988 but was criticized as being too brief and not sensitive to health status changes. The SF-36 was developed in response to these criticisms.

As of this writing, the SF-36 Standard Version has been translated into over 50 languages including Afrikaans, Chinese, French, various versions of Spanish, and Turkish (see the complete list on the QualityMetric Incorporated website listed above.) The SF-36v2 is available in English, French, German, Italian, and Spanish.

Version 2.0, introduced in 1996, includes "simpler instructions and questionnaire items, an improved layout for questions and answers in the self-administeredversion, greater comparability with widely used translations and cultural adaptations, and five-level response choices in place of dichotomous response choices for items in two role functioning scales" (Ware, 2000, p. 3130).

The website also provides information about the SF-12 and the SF-8, shorter versions of the SF-36.

NOTES OF INTEREST

Several useful manuals are available from the QualityMetric Incorporated website. They contain descriptions of the history and development of the various instruments along with detailed psychometric, administration, and scoring information. They also contain information about comparability between the tools. Additionally, the Ware (2000) article in the reference list is an excellent summary and update on the SF-36Health Survey.

POTENTIAL USES

The SF-36 has been used in a wide range of disease-related studies (Andresen, Gravitt, & Podgorski, 1999; Brazier et al., 1992; Dorman, Dennis, & Sandercock, 1999; Jette & Downing, 1994; Tunis, Croghan, Heilman, Johnstone, & Obenchain, 1999) from low back pain in pregnancy (Ciardi, Gozzo, & Wilmarth, 2002), COPD (Ferreira et al., 2003), traumatic brain injury (Findler, Cantor, Haddad, Gordon, & Ashman, 2001) to multiple sclerosis (Nortvedt, Riise, Myhr, & Nyland, 2000). Because it is a generic instrument rather than a disease-specific instrument, it can be useful in comparing the effects of different conditions on an individual or comparing patients to individuals in the general population. It can also be used in repeated measures of the same patients over time. According to Ware (2000), experience with the SF-36 "has been documented in more than 1000 publications" (p. 3130).

TITLE VARIATIONS

SF-36, SF-36v2

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