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| *Annex 1: SF-12v2™ Health Survey*  *(SF-12v2 Standard, Version 2.0)* | | | | | Identification number | | | | | |
| Nationality: | | | | | |
| **Complete by the PARTICIPANT** | | | | | Gender: | | ○ Man | | ○ Woman | |
|  | | | | | Date of birth  (DD/MM/YY) | | | | | |
| **Directions**: *The questions that follow refer to what you think about your health. Your answers will allow you to know how you are doing and to what extent you are capable to do your usual activities. If you need to change an answer, completely erase the wrong mark and fill in the correct circle. If you're not sure how to answer a question, provide the best answer you can.* | | | | | | | | | | |
| Today's date (DD/MM/YY) | **Mark the circle like this: ●**  **Don't do it like this:** | | **Mark only one answer for each question. Please do not mark outside the circles or make marks on the questionnaire.** | | | | | | | |
|  |
|  | | Excellent | | Very good | | Good | | Regular | | Bad |
| **01. In general, you would say that your health is:** | | ○ | | ○ | | ○ | | ○ | | ○ |
| *The following questions refer to activities or home that you might do on a normal day. Does your current health limit you from doing those activities or things? If so, how much?* | | Yes, it limits me a lot | | Yes, it limits me a bit | | No, I'm not limited by anything | |  | |  |
| **02. Moderate efforts, such as moving a table, vacuuming, bowling, or walking more than 1 hour.** | | ○ | | ○ | | ○ | |  | |  |
| **03. Climb several floors up the stairs.** | | ○ | | ○ | | ○ | |  | |  |
| *Over the past 4 weeks, have you had any of the following problems at work or in your daily activities because of your physical health?* | | Always | | Almost always | | Sometimes | | Rarely | | Never |
| **04. Did you do less than you would have liked to do?** | | ○ | | ○ | | ○ | | ○ | | ○ |
| **05. Did you have to stop doing some tasks at work or in your daily activities?** | | ○ | | ○ | | ○ | | ○ | | ○ |
| *During the past 4 weeks, have you had any of the following problems in your work or daily activities, because of any emotional problems (such as being sad, depressed or nervous)?* | | Always | | Almost always | | Sometimes | | Rarely | | Never |
| **06. Did you do less than you would have wanted to do, because of any emotional problems?** | | ○ | | ○ | | ○ | | ○ | | ○ |
| **07. Didn't you do your job or your daily activities as carefully as usual, because of some emotional problem?** | | ○ | | ○ | | ○ | | ○ | | ○ |
| **08. Over the past 4 weeks, how difficult has the pain made your usual work (including work away from home and household chores) difficult?** | | Nothing | | A little bit | | Regular | | Pretty much | | A lot |
| ○ | | ○ | | ○ | | ○ | | ○ |
| *The questions that follow relate to how you have felt and how things have gone for the past 4 weeks. In each question answer what appears most to how you have felt. During the last 4 weeks****:*** | | Always | | Almost always | | Sometimes | | Rarely | | Never |
| **09. How long did you feel calm?** | | ○ | | ○ | | ○ | | ○ | | ○ |
| **10. How long did you have a lot of energy?** | | ○ | | ○ | | ○ | | ○ | | ○ |
| **11. How long did you feel discouraged and sad?** | | ○ | | ○ | | ○ | | ○ | | ○ |
| **12. Over the past 4 weeks, how often has your social activities (such as visiting friends or family) been difficult because of your physical health or emotional problems?** | | ○ | | ○ | | ○ | | ○ | | ○ |

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| *Annex 2: Household Questionnaire* | | | | | | | | | | | | | | | | Identification number | | | | | | | | | |
| **Complete by the PARTICIPANT** | | | | | | | | | | | | | | | | Gender: | | | | ○ Man | | | | ○ Woman | |
|  | | | | | | | | | | | | | | | | Date of birth  (DD/MM/YY) | | | | | | | | | |
| **Instructions:** *The questions that follow refer to the characteristics of your home.*  *Your answers will allow you to know the conditions and state of your home. If you need to change an answer, completely erase the wrong mark and fill in the correct circle. If you're not sure how to answer a question, provide the best answer you can.* | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today's date (DD/MM/YY) | | | **Mark the circle like this: ●**  **Don't do it like this:** | | | | | | | | | | **Mark only one answer for each question. Please do not mark outside the circles or make marks on the questionnaire.** | | | | | | | | | | | | |
|  | | |
| **Location of the house:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **01. Ownership** | ○ Owned | | | ○ Rented | | | | | ○ Ceded | | | | | | | | ○ Other: | | | | | | | | |
| **02. Inhabitants** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **How many people live with you in the house?** | |  | | | | 1  ○ | 2  ○ | | | 3  ○ | | 4  ○ | | 5  ○ | 6  ○ | | | 7  ○ | 8  ○ | | 9  ○ | 10 or more  ○ | | | |
| **Do all the tenants of the house belong to the same family?** | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| **Do 2 or more families cohabit in the house?** | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| **03. Characteristics of the house** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **N.º of rooms:**  *(Including bedrooms, living room or other rooms in which tenants sleep)* | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the house have an exclusive bathroom?** | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| **If yes, does the bathroom have a shower and/or bathtub?** | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| **Does the bathroom have a toilet?** | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| **Does the house have basic furniture?** | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| **04. Supplies** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the house have running water?** | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| **Does the house have electric light?** | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| **Does the house have any of the following devices?** | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Landline or mobile phone* | | | | | ○ Yes | | | ○ No | | | *Washing machine* | | | | | | | | | | | | ○ Yes | | ○ No |
| *Television* | | | | | ○ Yes | | | ○ No | | | *Car* | | | | | | | | | | | | ○ Yes | | ○ No |
| *Computer* | | | | | ○ Yes | | | ○ No | | | *Refrigerator* | | | | | | | | | | | | ○ Yes | | ○ No |
| **05. Problems** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the house have any of the following problems?** | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Structural deficiencies such as leaks or dampness in walls, floors, ceilings or foundations, rot in floors, window frames or doors, broken windows, non-insulating, others...* | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| *Shortage of natural light in any room or impossibility of ventilation* | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| **06. Neighborhood** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **And werethere any of the following problems in the neighborhood?** | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Extreme noise outside* | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| *Pollution, dirt or other environmental problems caused by industry or traffic* | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |
| *Crime or vandalism in the area adjacent to the house* | | | | | | | | | | | | | | | | | | | | | | | ○ Yes | | ○ No |