

Purpose Consisting of 36 items, the SF-36 is a brief survey designed to assess functional health and well-being in a variety of age, disease, and control populations [1]. Each question relates to one of eight domains: physical functioning, role-physical, bodily pain, general health perceptions, vitality, social functioning, role-emotional, and mental health. Results from these subscales contribute to scores for overall physical and mental health. As the scale is sensitive to change, its developers recommend it particularly for assessing treatment outcomes. The most recent version, Version 2.0, was designed to improve the wording and layout of the survey and to simplify its use.

Population for Testing The survey is intended for adults 18 and older.

Administration The SF-36 is a self-report measure requiring between 5 and 10 min for completion. QualityMetric, an organization created by the survey's developers, has made the survey available in a variety of formats. It can be administered by interview, online, by fax, and using traditional pencil and paper. In order to use the SF-36, permission must be obtained from QualityMetric. Licenses are granted following the submission and review of a "Survey Information Request Form." A short-form version is also available.

Reliability and Validity Though a number of studies examining the scale's psychometric properties have been conducted, one of the largest involved a sample

of more than 3,000 participants [2]. Researchers found an internal consistency ranging from .78 to .93, and demonstrated powerful item-discriminant validity – for 99.5% of all tests, items were highly correlated with the scales to which they belonged. The SF-36's user manual [3] also lists subscale reliability scores as ranging from .68 to .93.

Obtaining a Copy The scale is under copyright and can be purchased through QualityMetric at <http://www.qualitymetric.com/>.

Scoring Respondents use Likert-type scales to rate the quality of their health and to indicate how it has affected their daily functioning over the course of the past month. The scale uses norm-based scoring where scores of 50 are considered average, with scores of 0 being the lowest and 100 being the highest. Each item is weighted equally, so it is not necessary to standardize them. User's manuals that describe the scoring process in detail can be purchased from QualityMetric, along with scoring software that will perform calculations electronically.

References

1. Ware, J. E. *SF-36® Health Survey Update*. Retrieved June 19, 2009, from <http://www.sf-36.org/tools/sf36.shtml>.
2. McHorney, C. A., Ware, J. E., Lu, J. F. R., & Sherbourne, C. D. (1994). The MOS 36-Item Short-Form Health Survey (SF-36): III. tests of data quality, scaling assumptions and reliability across diverse patient groups. *Medical Care*, 32(1), 40–66.

3. Ware, J. E., Kosinski, M., & Keller, S. K. (1994). *SF-36 Physical and Mental Health Summary Scales: A User's Manual*. Boston: The Health Institute.

Representative Studies Using Scale

- Baldwin, C. M., Griffith, K. A., Nieto, F. J., O'Connor, G. T., Walsleben, J. A., & Redline, S. (2001). The association of sleep-disordered breathing and sleep symptoms with quality of life in the sleep heart health study. *Sleep, 24*(1), 96–105.
- Manocchia, M., Keller, S., & Ware, J. E. (2001). Sleep problems, health-related quality of life, work functioning and health care utilization among the chronically ill. *Quality of Life Research, 10*(4), 331–345.
- Ramsawh, H. J., Stein, M. B., Belik, S. L., Jacobi, F., & Sareen, J. (2009). Relationship of anxiety disorders, sleep quality, and functional impairment in a community sample. *Journal of Psychiatric Research, 43*(10), 926–933.