



SF-BH™ Assessment

What is your gender? What is your date of birth?
Male/Female Month Day Year

1. How strongly do you agree or disagree with the following statements:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
a. I deal effectively with daily problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I adapt quickly, I'm good at bouncing back from difficulties.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. During the past 4 weeks, how often have you made a plan of action and followed it in response to physical health or emotional problems?

Always	Often	Sometimes	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. 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?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Climbing <u>several</u> flights of stairs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other regular daily activities because of your physical health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were limited in the <u>kind</u> of work or other activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. During the past 4 weeks, how much of the time have you had any of the following problems with your work or other activities because of your emotional health?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. <u>Accomplished less</u> than you would like	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did work or activities <u>less carefully</u> than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	A little bit	Moderately	Quite a bit	Extremely
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**...

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

- a. Have you felt calm and peaceful?
- b. Did you have a lot of energy?
- c. Have you felt downhearted and depressed?

9. During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)?

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

10. Compared to 3 months ago, how would you rate your health in general now? Would you say it is...

Much better now Somewhat better now About the same Somewhat worse now Much worse now

11. What is the number of days you have missed from work/school or regularly scheduled activities in the **past 4 weeks** due to your own **health-related** problems?

12. If you reported '1 or more' missed days due to **health-related** problems for Question 11, how many were due to being hospitalized?

13. During the **past 4 weeks**, about how often did you **usually** drink alcohol?

Every day Almost every day 3-4 days a week 1-2 days a week Less than once a week Never Prefer not to answer

14. During the **past 4 weeks**, about how many drinks of alcohol (a "drink" equals 12 ounces of beer, 4 ounces of wine, 1 1/2 ounces of hard liquor) did you drink on a **typical** day in which you drank?

8 or more drinks 6-7 drinks 4-5 drinks 3 drinks 2 drinks 1 drink 0 drinks Prefer not to answer

15. During the **past 4 weeks**, how much of the time have you had thoughts or images that would not go away?

All of the time Most of the time Some of the time A little of the time None of the time Prefer not to answer

16. During the **past 4 weeks**, how much of the time have you been anxious or worried?

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

17. How strongly do you agree or disagree with the following statement:

Strongly Agree Agree I am Neutral Disagree Strongly Disagree

I am confident that treatment/therapy can help me.

18.If you are currently in treatment/therapy, please answer the following questions:

	Strongly Agree	Agree	I am Neutral	Disagree	Strongly Disagree
a. I feel my provider is caring and has concern for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I am confident in my provider's ability to help me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. The problem that I came in for treatment/therapy for is resolved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please click here if you do not want to share the results of this assessment with your provider.

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