

Entered: __/__/20__ mm dd yy	Initials: _____	Verified: __/__/20__ mm dd yy	Initials: _____
Patient ID _____ - _____ - _____	ID	Visit: VISIT	
For office use only.			

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Ware JE, Kosinski M, Gandek B. *SF-36® Health Survey: Manual & Interpretation Guide*. Lincoln, RI: QualityMetric Incorporated, 1993, 2000.

For more information, visit: <http://www.sf-36.org/>