

**This assessment review was compiled by our students and is intended to be used as a guide in assisting clinicians. We encourage you to review the evaluations and assessments for yourself to guarantee the most accurate and updated information.*

I. General Information

Title of the test: Medical Outcomes Study Short Form (SF-36)

Author: Ware, J.E., K.K. Snow, M. Kosinski, B. Gandek

Publisher: Quality Metric Inc.

Time required to administer: Five to ten minutes.

Cost of the Test: Versions available online free of charge

II. Description of Test

Type/Purpose of Test: The SF-36 is a self or computer administered test measuring eight domains of health: physical functioning, role limitations due to physical health, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems, and mental health. It has 36 questions that 36 items, most of which ask respondents to consider a specific period of time, or recall period, when responding. The SF-36 is available in a standard form that uses a four-week recall period, and an acute form that uses a one-week recall period. SF-36 yields a sub score for each domain, in addition to summary scores for both physical and mental health and a single health utility index.

Population: Research shows that this assessment is particularly useful in elderly populations, but can be used with anyone over the age of 14. It has been translated into more than 50 languages.

Focus of measurement:

Organic systems Abilities Participation/life habits Environmental Factors

III. Practical Administration

Ease of Administration: This assessment is easy to administer, and can be self-administered, computer administered, or given by an administrator. It typically takes five to ten minutes, and only asks the subject to select boxes rather than complete physical tasks or write in answers. It is important that all 36 items are assigned a rating.

Clarity of Directions: The directions that are available for this assessment are concise and easily comprehended. Questions are short, and would typically require little assistance or direction from an administrator.

Scoring Procedures:

1. Precoded numeric values are recorded in Table 1 of the scoring key, with each item scored on a 0 to 100 range so that the lower and highest possible scores are set at 0 and 100. Scores represent the percentage of total possible score achieved.
2. Items in the same scale are averaged together to create the 8 scale scores.
3. Items that are left blank are not taken into account when calculating the scale scores.

Examiner Qualification & Training:

There are no training or qualification specifications made by the authors of this assessment. It should be acknowledged that professional education be a predictor of accurate interpretation of the results and the associated implications.

IV. Technical Considerations

Standardization: ___ Norms ___ Criterion Referenced X Other _____

Reliability: The SF-36 reliability measurements show consistently good to excellent (Ware, Snow and Kosinski, 2000), with the physical functioning domain to exceed .90 and all other domains to exceed .8, other than social functioning, with a median of .76. Test retest reliability was good, with a wide range of .73 to .96 (Ware, Snow and Kosinski, 2000).

Validity: The validity of the SF-36 was assessed through comparisons with other surveys and independent criteria including physical ability, health care usage, or ability to work, and the validity was found to be confirmed, although specific values were not listed (Ware, Snow and Kosinski, 2000).

Manual: ___ Excellent ___ Adequate ___ Poor

There was no manual available for this assessment found. This test should not require a manual considering the step by step questions and instructions included in the assessment. A short scoring form was included, but it stated that it was a "recommended response."

What is (are) the setting/s that you would anticipate using this assessment?

- Clinical research
- Inpatient rehabilitation
- Outpatient rehabilitation
- Transitional rehabilitation facilities
- Skilled nursing facilities
- Home health

Summary of strengths and weaknesses

Weaknesses:

- Limited information included on how to interpret scores and derive functional implications
- Many of the questions were very broad, requiring further probing of the client to gain more specific information
- Self-report may be discrepant from what a professional or caregiver might offer

Strengths:

- Instructions are simple and straightforward
- Ease of administration
- Ease of scoring
- Free of charge
- Takes little time
- Excellent reliability

References:

Ware, J.E., K.K. Snow, M. Kosinski, B. Gandek (1993, 2000) SF-36 Health Survey: Manual and Interpretation Guide. Lincoln, RI: QualityMetric Inc.