



ID: \_\_\_\_\_

Visit: Pre-randomization  05  
 6 month  08  
 18 month  10

**Quality of Life Questionnaire**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

Answer every question by checking the appropriate box. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is: ..... Excellent  1  
 Very Good  2  
 Good  3  
 Fair  4  
 Poor  5
  
2. Compared to four weeks ago, how would you rate your health in general now? ..... Much better now than four weeks ago  1  
 Somewhat better now than four weeks ago  2  
 About the same now as four weeks ago  3  
 Somewhat worse now than four weeks ago  4  
 Much worse now than four weeks ago  5
  
3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

<b>Activities</b>	<b>Yes, limited a lot</b>	<b>Yes, limited a little</b>	<b>Not limited at all</b>
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
c. Lifting or carrying groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
d. Climbing several flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
e. Climbing one flight of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
f. Bending, kneeling or stooping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
g. Walking more than a mile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
h. Walking several blocks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
i. Walking one block	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
j. Bathing or dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

4. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

	Yes	No
a. Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Were limited in any kind of work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
d. Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/> 1	<input type="checkbox"/> 2

5. During the past four weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

	Yes	No
a. Cut down the amount of time you spent on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2
b. Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2
c. Didn't do work or other activities as carefully as usual	<input type="checkbox"/> 1	<input type="checkbox"/> 2

6. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? ..... Not at all  1  
 Slightly  2  
 Moderately  3  
 Quite a bit  4  
 Extremely  5

7. How much bodily pain have you had during the past four weeks? ..... None  1  
 Very mild  2  
 Moderate  3  
 Severe  4  
 Very severe  5

8. During the past four weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?..... Not at all  1  
 A little bit  2  
 Moderately  3  
 Quite a bit  4  
 Extremely  5

9. These questions are about how you feel and how things have been with you during the past four 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 four weeks:

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of pep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Have you been a very nervous person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Have you felt downhearted and blue?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Did you feel worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Have you been a happy person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. Did you feel tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

10. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?..... All of the time  1  
 Most of the time  2  
 Some of the time  3  
 A little of the time  4  
 None of the time  5

11. How TRUE or FALSE is each of the following statements for you?

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a. I seem to get sick a little easier than other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I am as healthy as anybody I know	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I expect my health to get worse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My health is excellent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Reviewed by (staff ID): _____
Entered by (staff ID): _____

## **Overview**

This self-administered questionnaire is designed to capture information about the participant's quality of life. It is administered at baseline (any time prior to randomization) and at the 6 and 18 month follow-up visits.

This form will eventually be scored using the standard SF-36 methodology.

## **Administration Instructions**

Instruct participant to fill out the form in blue or black pen. Participants should be encouraged to answer every question.

## **Coding Instructions**

No coding is required.

## **Review Instructions**

Check to be sure all items were completed. If any items were not completed, confirm with participant that they meant to skip the item. Participants are allowed to decline to answer any of the questions.