

Hospital No.

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Patient ID

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Patient Initials

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Date Form Completed (mm/dd/yy)

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ADMINISTRATION TIME PERIOD (check one box only) 60 Days 12 Months

INTERVIEWER-ADMINISTERED, PROXY-ASSESSED
"ONE-WEEK" HEALTH STATUS ASSESSMENT

The next set of questions ask about various aspects of your health. When answering these questions we would like you to think about (his/her) health and your ability to do things on a day-to-day basis, during the past week. To define the past week period, please think about what the date was 7 days ago and recall the major events that (he/she) have experienced during this period. Please focus your answers on (subject's name) abilities, disabilities and how you have felt during the past week. You may feel that some of these questions do not apply to (subject's name), but it is important that we ask the same questions of everyone. Also, a few questions are similar; please excuse the apparent overlap and answer each question independently. All information you provide is confidential. There are no right or wrong answers; what we want is your opinion about (subject's name) abilities and feelings.

Interviewer:

For each question, read the entire sentence as written on the left-hand side of the page following the question number, emphasizing the words in italics, if any. Do not read the response options listed down the right-hand margin of the page. The answer given by the respondent to each question should be clearly marked beside the one appropriate code listed to the right side of the question.

VISION

- | | |
|---|---|
| <p>1. During the past week, has (subject's name) been able to see well enough to read ordinary newspaper without glasses or contact lenses?</p> | <p><input type="radio"/> Yes → Go to 4
 <input type="radio"/> No
 <input type="radio"/> Don't know
 <input type="radio"/> Refused</p> |
| <p>2. Has (subject's name) been able to see well enough to read ordinary newspaper with glasses or contact lenses?</p> | <p><input type="radio"/> Yes → Go to 4
 <input type="radio"/> No
 <input type="radio"/> Don't know/Didn't wear glasses or contact lenses
 <input type="radio"/> Refused</p> |

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--	--	--

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--	--	--

Patient Initials

--	--	--

Date Form Completed (mm/dd/yy)

--	--	--	--

3. During the past week, has (subject's name) been able to see at all?

- Yes
 No → Go to 6
 Don't know
 Refused

4. During the past week, has (subject's name) been able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

- Yes → Go to 6
 No
 Don't know
 Refused

5. Has (subject's name) been able to see well enough to recognize a friend on the other side of the street with glasses or contact lenses?

- Yes
 No
 Don't know/Didn't wear glasses or contact lenses
 Refused

HEARING

6. During the past week, has (subject's name) been able to hear what is said in a group conversation with at least three other people without a hearing aid?

- Yes → Go to 11
 No
 Don't know
 Refused

7. Has (subject's name) been able to hear what is said in a group conversation with at least three other people with a hearing aid?

- Yes → Go to 9
 No
 Don't know/Didn't wear a hearing aid
 Refused

8. During the past week, has (subject's name) been able to hear at all?

- Yes
 No → Go to 11
 Don't know
 Refused

Hospital No.

--	--	--

Patient ID

--	--	--

Patient Initials

--	--	--

Date Form Completed (mm/dd/yy)

--	--	--	--	--	--	--	--

9. During the past week, has (subject's name) you been able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?
- Yes → Go to 11
 No
 Don't know
 Refused
10. Has (subject's name) been able to hear what is said in a conversation with one other person in a quiet room with a hearing aid?
- Yes
 No
 Don't know/Didn't wear a hearing aid
 Refused

SPEECH

11. During the past week, has (subject's name) been able to be understood completely when speaking (subject's name) own language with people who do not know you?
- Yes -> Go to 16
 No
 Don't know
 Refused
12. Has (subject's name) been able to be understood partially when speaking with people who do not know (subject's name)?
- Yes
 No
 Don't know
 Refused
13. During the past week, has (subject's name) been able to be understood completely when speaking with people who know (subject's name) well?
- Yes -> Go to 16
 No
 Don't know
 Refused
14. Has (subject's name) been able to be understood partially when speaking with people who know (subject's name) well?
- Yes -> Go to 16
 No
 Don't know
 Refused
15. During the past week has (subject's name) been able to speak at all?
- Yes
 No
 Don't know
 Refused

Hospital No.

--	--	--

Patient ID

--	--	--

Patient Initials

--	--	--

Date Form Completed (mm/dd/yy)

--	--	--	--

GETTING AROUND

16. During the past week, has (subject's name) been able to bend, lift, jump and run without difficulty and without help or equipment of any kind?
 Yes -> Go to 24
 No
 Don't know
 Refused
17. Has (subject's name) been able to walk around the neighborhood without difficulty and without help or equipment of any kind?
 Yes -> Go to 24
 No
 Don't know
 Refused
18. Has (subject's name) been able to walk around the neighborhood with difficulty but without help or equipment of any kind?
 Yes -> Go to 24
 No
 Don't know
 Refused
19. During the past week, has (subject's name) you been able to walk at all?
 Yes
 No -> Go to 22
 Don't know
 Refused
20. Has (subject's name) needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?
 Yes
 No
 Don't know
 Refused
21. Has (subject's name) you needed the help of another person to walk?
 Yes
 No
 Don't know
 Refused
22. Has (subject's name) needed a wheelchair to get around the neighborhood?
 Yes
 No
 Don't know
 Refused

Hospital No.

--	--	--

Patient ID

--	--	--

Patient Initials

--	--	--

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		/			/		
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23. Has (subject's name) needed the help of another person to get around in the wheelchair?

- Yes
 No
 Don't know
 Refused

HANDS AND FINGERS

24. During the past week, has (subject's name) had the full use of both hands and ten fingers?

- Yes -> Go to 28
 No
 Don't know
 Refused

25. Has (subject's name) needed the help of another person because of limitations in the use of your hands or fingers?

- Yes
 No -> Go to 27
 Don't know
 Refused

26. Has (subject's name) needed the help of another person with some tasks, most tasks, or all tasks?

- Some tasks
 Most tasks
 All tasks
 Don't know
 Refused

27. Has (subject's name) needed special equipment, for example special tools to help with dressing or eating, because of limitations in the use of his/her hands or fingers?

- Yes
 No
 Don't know
 Refused

SELF-CARE

28. During the past week, has (subject's name) been able to eat, bathe, dress and use the toilet without difficulty?

- Yes -> Go to 31
 No
 Don't know
 Refused

29. Has (subject's name) needed the help of another person to eat, bathe, dress or use the toilet?

- Yes
 No
 Don't know
 Refused

30. Has (subject's name) needed special equipment or tools to eat, bathe, dress and use the toilet?

- Yes
 No
 Don't know
 Refused

Hospital No.

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Patient ID

--	--	--

Patient Initials

--	--	--

Date Form Completed (mm/dd/yy)

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FEELINGS

31. During the past week, has (subject's name) been feeling happy or unhappy?
- Happy
 Unhappy -> Go to 33
 Don't know
 Refused
32. Would you describe (subject's name) as having felt:
- a) happy and interested in life, or
 b) somewhat happy?
- a -> Go to 34
 b -> Go to 34
 Don't know
 Refused
33. Would you describe (subject's name) as having felt:
- a) somewhat unhappy
 b) very unhappy
 c) so unhappy that life was not worthwhile
- a
 b
 c
 Don't know
 Refused
34. During the past week did (subject's name) ever feel fretful, angry, irritable, anxious or depressed?
- Yes
 No -> Go to 37
 Don't know
 Refused
35. How often did (subject's name) feel fretful, angry, irritable, anxious or depressed: rarely, occasionally, often, or almost always?
- Rarely
 Occasionally
 Often
 Almost always
 Don't know
 Refused
36. During the past week did (subject's name) feel extremely fretful, angry, irritable, anxious or depressed; to the point of needing professional help?
- Yes
 No
 Don't know
 Refused

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--	--	--

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--	--	--

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	/		/	
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MEMORY

37. How would you describe (subject's name) ability to remember things, during the past week:
- (a) able to remember most things
 - (b) somewhat forgetful
 - (c) very forgetful
 - (d) unable to remember anything at all?
- a
 b
 c
 d
 Don't know
 Refused

THINKING

38. How would you describe (subject's name) ability to think and solve day to day problems, during the past week:
- (a) able to think clearly and solve problems
 - (b) had a little difficulty
 - (c) had some difficulty
 - (d) had a great deal of difficulty
 - (e) unable to think or solve problems?
- a
 b
 c
 d
 e
 Don't know
 Refused

PAIN AND DISCOMFORT

39. Has (subject's name) had any trouble with pain or discomfort, during the past week?
- Yes
 No -> Go to 41
 Don't know
 Refused
40. How many of (subject's name) activities, during the past week, were limited by pain or discomfort: none, a few, some, most, all?
- None
 A few
 Some
 Most
 Don't know
 Refused
41. Overall, how would you rate (subject's name) health during the past week?
- (a) excellent
 - (b) very good
 - (c) good
 - (d) fair
 - (e) poor
- a
 b
 c
 d
 e
 Don't know
 Refused

Hospital No.

--	--	--

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--	--	--

Patient Initials

--	--	--

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		/			/		
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FOR STUDY COORDINATOR USE ONLY

1. Who answered the questions on this form (check one)?

- Study Subject
- Someone who lives with the subject
- Someone who does not live with the subject
- No-one

2. Were all questions answered? Yes No

If No, please give reason:

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3. If the questionnaire was not completed, indicate the main reason (check one)

- Subject deceased and no-one else was available
- Subject could not be contacted
- Subject refused to complete
- Subject could not complete due to illness or other reason and no-one else was available
- Questionnaire not administered due to institution error
- Other, specify

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That's the end of the survey. Thank you.

Staff Initials

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