

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, SELF-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 your 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 you have experienced during this period. Please focus your answers on your abilities, disabilities and how you have felt during the past week. You may feel that some of these questions do not apply to you, 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 your 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

1. During the past week, have you been able to see well enough to read ordinary newsprint without glasses or contact lenses?
 - Yes → Go to 4
 - No
 - Don't know
 - Refused

2. Have you been able to see well enough to read ordinary newsprint with glasses or contact lenses?
 - Yes → Go to 4
 - No
 - Don't know/Didn't wear glasses or contact lenses
 - Refused

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3. During the past week, have you been able to see at all?

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

4. During the past week, have you 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. Have you 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, have you 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. Have you 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, have you been able to hear at all?

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

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

SPEECH

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

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GETTING AROUND

16. During the past week, have you 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. Have you 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. Have you 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, have you been able to walk at all?
- Yes
 No -> Go to 22
 Don't know
 Refused
20. Have you 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. Have you needed the help of another person to walk?
- Yes
 No
 Don't know
 Refused
22. Have you needed a wheelchair to get around the neighborhood?
- Yes
 No
 Don't know
 Refused

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23. Have you 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, have you had the full use of both hands and ten fingers?

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

25. Have you 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. Have you 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. Have you needed special equipment, for example special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?

- Yes
 No
 Don't know
 Refused

SELF-CARE

28. During the past week, have you been able to eat, bathe, dress and use the toilet without difficulty?

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

29. Have you needed the help of another person to eat, bathe, dress or use the toilet?

- Yes
 No
 Don't know
 Refused

30. Have you needed special equipment or tools to eat, bathe, dress and use the toilet?

- Yes
 No
 Don't know
 Refused

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FEELINGS

31. During the past week, have you been feeling happy or unhappy?
- Happy
 Unhappy -> Go to 33
 Don't know
 Refused
32. Would you describe yourself 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 yourself 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 you ever feel fretful, angry, irritable, anxious or depressed?
- Yes
 No -> Go to 37
 Don't know
 Refused
35. How often did you 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 you 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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MEMORY

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

THINKING

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

PAIN AND DISCOMFORT

39. Have you had any trouble with pain or discomfort, during the past week?
- Yes
 - No -> Go to 41
 - Don't know
 - Refused
40. How many of your 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 your health during the past week?
- (a)excellent a
 - (b)very good b
 - (c)good c
 - (d)fair d
 - (e)poor e
 - Don't know
 - Refused

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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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