

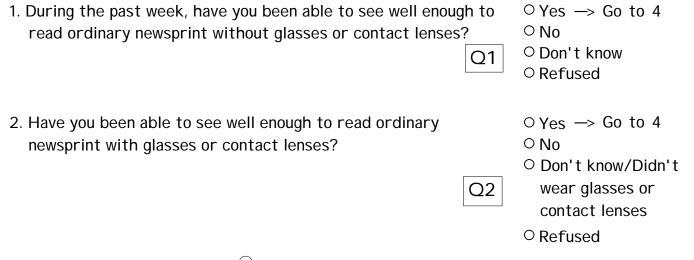
INTERVIEWER-ADMINISTERED, SELF-ASSESSED "ONE- WEEK" HEALTH STATUS ASSESSMENT

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 <u>during the past week</u>. 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:

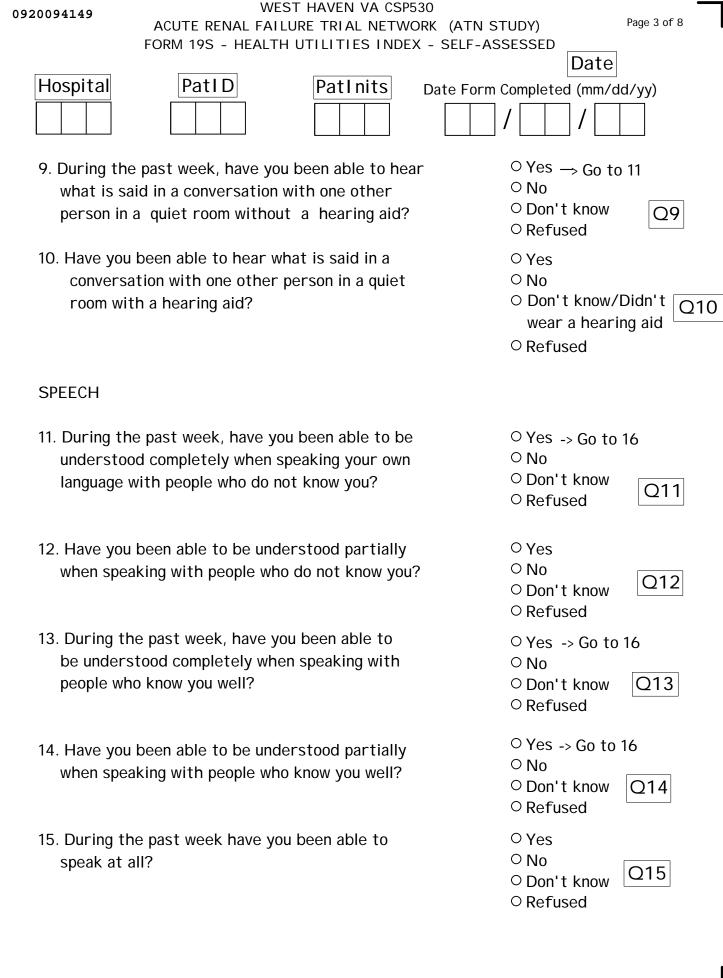
For each question, read the entire sentence as written on the left-hand side of the page following the question number, emphasizing the words in italics, if any. Do not read the response options listed down the right-hand margin of the page. The answer given by the respondent to each question should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

VISION



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	TE RENAL FAILUF	RE TRIAL NETWO	RK (ATN ST	ŪDY)	Page 2 of 8
FORM	I 19S - HEALTH L	ITILITIES INDEX	- SELF-AS		
				Da	te
Hospital	PatID	PatInits	Date Form (Completed (mm/dc	l/yy)
3. During the past week	, have you been a	able to see at al	1?	○ Yes ○ No → Go to ○ Don't know ○ Refused	0 6 Q3
 During the past week to recognize a friend glasses or contact len 	on the other sid		•	○ Yes → Go to ○ No ○ Don't know ○ Refused	0 6 Q4
5. Have you been able to the other side of the HEARI NG	•	•		 Yes No Don't know/E wear glasses contact lense Refused 	or
6. During the past week in a group conversation without a hearing aid	on with at least			○ Yes → Go t ○ No ○ Don't know ○ Refused	0 11 Q6
7. Have you been able to with at least three o		0 1	nversation	 ○ Yes → Go to ○ No ○ Don't know/D wear a hearin ○ Refused)idn't
8. During the past week	, have you been a	able to hear at a	all?	○ Yes ○ No → Go to ○ Don't know ○ Refused	0 11 Q8



WEST HAVEN VA CSP530 ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY) FORM 19S - HEALTH UTILITIES INDEX - SELF-ASSESSED

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Date

Hospital







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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	ACUTE RENAL FAILURE TRIAL NETWORK (ATN S		Page 5 of 8
	FORM 19S - HEALTH UTILITIES INDEX - SELF-AS	SESSED	2
Hos	pital PatID PatInits Date Form		
		Completed (mm/d	u/yy)
23.	Have you needed the help of another person to get	○ Yes	
	around in the wheelchair?	○ No	Q23
		○ Don't know	025
HA	NDS AND FINGERS	○ Refused	
24.	During the past week, have you had the full use of	○ Yes -> Go to :	28
	both hands and ten fingers?	○ No	
	3	○ Don't know	Q24
		○ Refused	
25.	Have you needed the help of another person	O Yes	
	because of limitations in the use of your hands or	○ No -> Go to 2	7
	fingers?	○ Don't know	Q25
		○ Refused	
26.	Have you needed the help of another person with	○ Some tasks	
	some tasks, most tasks, or all tasks?	○ Most tasks	
		○ All tasks	Q26
		$^{ m O}$ Don't know	
		○ Refused	
27.	Have you needed special equipment, for example	○ Yes	
	special tools to help with dressing or eating, because	○ No	Q27
	of limitations in the use of your hands or fingers?	○ Don't know	027
		○ Refused	
SE	_F-CARE		
28.	During the past week, have you been able to eat,	○ Yes -> Go to	31
	bathe, dress and use the toilet without difficulty?	○ No	
		○ Don't know	Q28
		○ Refused	
29.	Have you needed the help of another person to eat,	○ Yes	
	bathe, dress or use the toilet?	^O No	Q29
		$^{ m O}$ Don't know	427
~~		○ Refused	
30.	Have you needed special equipment or tools to eat,	O Yes]
	bathe, dress and use the toilet?	○ No	Q30
		O Don't know	
VA FORM	10-21067 (NR)-01	[○] Refused	

WEST HAVEN VA CSP530 ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)

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DRM 19S -	HEALTH UT	ITTIES	INDFX -	SELE-AS	SESSED

FO ר Date Hospital PatID PatInits Date Form Completed (mm/dd/yy) **FEELINGS** \circ Happy 31. During the past week, have you been feeling ○ Unhappy -> Go to 33 happy or unhappy? ○ Don't know Q31 O Refused ○ a -> Go to 34 32. Would you describe yourself as having felt: a) happy and interested in life, or ^Ob -> Go to 34 ○ Don't know b) somewhat happy? O32 ○ Refused 33. Would you describe yourself as having felt: Оа a) somewhat unhappy Оþ Q33 Ос b) very unhappy ○ Don't know c) so unhappy that life was not worthwhile O Refused O Yes 34. During the past week did you ever feel fretf ○ No -> Go to 37 angry, irritable, anxious or depressed? ODon't know Q34 O Refused ○ Rarely 35. How often did you feel fretfuL, angry, irritab ○ Occasionally anxious or depressed: ○ Often rarely, occasionally, often, or almost always? • Almost always Q35 ○ Don't know O Refused 36. During the past week did you feel extremely O Yes fretful, angry, irritable, anxious or depressed; O No Q36 the point of needing professional help? ○ Don't know O Refused

WEST HAVEN VA CSP530 ACUTE RENAL FAILURE TRIAL NETWORK (ATN STUDY)

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FORM 19S - HEALTH UTILITIES INDEX - SELF-AS	sessed Date	
Hospital PatID PatInits Date Form	Completed (mm/dd/yy)	
MEMORY 37. How would you describe your ability to remember th	Оа	
during the past week:		
(a) able to remember most things	O C Q37	
(b) somewhat forgetful		
(c) very forgetful	O d	
(d) unable to remember anything at all?	○ Don't know	
THINKING	○ Refused	
38. How would you describe your ability to think and s	Оa	
to day problems, during the past week:	Ob	
(a) able to think clearly and solve problems	Oc Q38	
(b) had a little difficulty	⊖ d	
(c) had some difficulty (d) had a great deal of difficulty	Оe	
(d) had a great deal of difficulty (e) unable to think or solve problems?	○Don't know	
	○ Refused	
PAIN AND DISCOMFORT		
39. Have you had any trouble with pain or discomfort, during		
the past week?	\circ No -> Go to 41	
	○ Don't know Q39 ○ Refused	
40. How many of your activities, during the past week, were		
limited by pain or discomfort:	○ None ○ A few	
none, a few, some, most, all?	○ Some Q40	
	O Most	
	○ Don't know	
	○ Refused	
41. Overall, how would you rate your health during the p	ast v ○a	
(a) excellent (b) very good	○b	
(c) good		
(d) fair	0 d Q41	
(e) poor	⊖e ○Don't know	
	○ Refused	

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51051115	ACUTE RENAL FAILURE TRIA	AL NETWORK (ATN STUDY)	Page 8 of 8
	FORM 19S - HEALTH UTILITI	ES INDEX - SELF-ASSESSED	Data
			Date
Hospital	PatID	nits Date Form Complete	d (mm/dd/yy)
FOR STUDY	COORDINATOR USE ONLY		
1. Who answ	vered the questions on this form (check one)?	
🗆 Stu	dy Subject	WhoAnswered	
□ Som	neone who lives with the subject		
□ Som	neone who does not live with the subj	ject	
□ No-	ono		
-	uestions answered? ease give reason: AllQuest		tions
3. If the qu	estionnaire was not completed, ind	licate the main reason (check one	
□ Sub	ject deceased and no-one else was a	vailable	
□ Sub	ject could not be contacted	NotComplete	
□ Sub	ject refused to complete	Notcomplete	
□ Sub	ject could not complete due to illnes	s or other reason and no-one else	was available
🗆 Que	estionnaire not administered due to i	nstitution error	
🗆 Oth	er, specify		

NotCompleteDesc