

HALT-C Trial

Quality of Life

Form # 40 Version A: 06/15/2000 (Rev. 03/07/2001)

SECTION A: GENERAL INFORMATION

- A1. Affix ID Label Here → _____ - _____ - ____
- A2. Patient initials: __ __ __
- A3. Visit number: __ ____
- A4. Visit Date: MM / DD / YYYY __ __ / __ __ / ____ ____
- A5. Initials of person completing Section A: __ __ __

Note: This is a patient administered form.

Please circle the number that best describes your answer to each question. Circle only one response for each question.

SECTION B: QUALITY OF LIFE

1. In general, would you say your health is:

Excellent	Very Good	Good	Fair	Poor
1	2	3	4	5

2. Compared to one year ago, how would you rate your health in general now?

Much better now than one year ago	Somewhat better now than one year ago	About the same as one year ago	Somewhat worse now than one year ago	Much worse than one year ago
1	2	3	4	5

3. The following items are about activities you might do in a typical day. Does your health now limit you in these activities? If so, how much?

	Yes, limited a lot	No, limited a little	No, not limited at all
a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sport	1	2	3
b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c) Lifting or carrying groceries	1	2	3
d) Climbing several flights of stairs	1	2	3
e) Climbing one flight of stairs	1	2	3
f) Bending, kneeling, or stooping	1	2	3
g) Walking more than a mile	1	2	3
h) Walking several blocks	1	2	3
i) Walking one block	1	2	3
j) Bathing or dressing yourself	1	2	3

4. During the past 4 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	1	2
b) Accomplished less than you would like	1	2
c) Were limited in the kind of work or other activities	1	2
d) Had difficulty performing the work or activities (For example, it took extra time)	1	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 on the amount of time on work or on other activities	1	2
b) Accomplished less than you'd like	1	2
c) Didn't do work or other activities as carefully as usual	1	2

6. During the past 4 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	Slightly	Moderately	Quite a bit	Extremely
1	2	3	4	5

7. How much bodily pain have you had during the past four weeks?

None	Very Mild	Mild	Moderate	Severe	Very severe
1	2	3	4	5	6

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all	Slightly	Moderately	Quite a bit	Extremely
1	2	3	4	5

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to what you are feeling. How much of the time during the past 4 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?	1	2	3	4	5	6
b)	... have you been a very nervous person	1	2	3	4	5	6
c)	... have you felt so down in the dumps nothing could cheer you up?	1	2	3	4	5	6
d)	... have you felt calm and peaceful?	1	2	3	4	5	6
e)	... did you have a lot of energy?	1	2	3	4	5	6
f)	... have you felt downhearted and blue?	1	2	3	4	5	6
g)	... did you feel worn out?	1	2	3	4	5	6
h)	... have you been a happy person?	1	2	3	4	5	6
i)	... did you feel tired?	1	2	3	4	5	6

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
1	2	3	4	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.	1	2	3	4	5
b)	I am as healthy as anybody I know	1	2	3	4	5
c)	I expect my health to get worse	1	2	3	4	5
d)	My health is excellent	1	2	3	4	5

For questions 12 -14: How much of the time during the last four weeks, have you ...

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
12.	a. Had trouble sleeping?	1	2	3	4	5
	b. Felt well rested when you wake up?	1	2	3	4	5
	c. Had trouble staying awake during the day?	1	2	3	4	5
13.	a. Felt short tempered or irritable?	1	2	3	4	5
	b. Felt moody or were easily upset?	1	2	3	4	5
	c. Had trouble concentrating?	1	2	3	4	5

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	All of the time	Most of the time	Some of the time	A little of the time	None of the time
14. a. Felt isolated from other people?	1	2	3	4	5
b. Been reluctant to socialize or interact with others?	1	2	3	4	5
c. Felt that your social relationships were strained?	1	2	3	4	5

How much of the time during the last four weeks, have you ...

	Not at all	A little bit	Moderately	Quite a bit	Extremely	
15. a. Felt that your health had an impact on your performance at work or on other regular activities?	1	2	3	4	5	
b. Had financial problems because of medical expenses?	1	2	3	4	5	Does not apply
c. Been unable to work because of your health?	1	2	3	4	5	-1
16. a. Felt your health interfered with your enjoyment of sex?	1	2	3	4	5	-1
b. Lacked interest in sex?	1	2	3	4	5	Does not apply
c. Felt your health interfered with your sexual performance?	1	2	3	4	5	-1

17. All things considered, how satisfied are you at this time with.....?

	Completely satisfied	Very satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied	Completely Dissatisfied
a. your ability to function at work or as a homemaker or student?	1	2	3	4	5	6	7
b. your social life and relationships?	1	2	3	4	5	6	7
c. your life overall?	1	2	3	4	5	6	7