



## Quality of Life Questionnaire (Adult)

Patient ID \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Evaluation: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Protocol timepoint (see codes): \_\_\_\_

**Instructions:** This questionnaire asks for your views about your health. This information will keep track of how you feel and how well you are able to do your usual activities. Some questions may look like others, but each one is different. Please read each question carefully and then answer each question as completely and honestly as possible.

### Section I: QUALITY OF LIFE

Form completed by (check all that apply):

- Patient     Coordinator     Interpreter  
 Family member/friend     Other

1. In general, would you say your health is (check one):

- 1 Excellent  
 2 Very good  
 3 Good  
 4 Fair  
 5 Poor

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

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

3. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much? (circle one response for each question)

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. <b>Vigorous activities</b> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
b. <b>Moderate activities</b> , 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 <b>several</b> flights of stairs	1	2	3
e. Climbing <b>one</b> flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking <b>more than a mile</b>	1	2	3
h. Walking <b>several hundred yards</b>	1	2	3
i. Walking <b>one hundred yards</b>	1	2	3
j. Bathing or dressing yourself	1	2	3



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4. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health** (check one response for each question)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the <b>amount of time</b> you spent on work or other activities	1	2	3	4	5
b. <b>Accomplished less</b> than you would like	1	2	3	4	5
c. Were limited in the <b>kind</b> of work or other activities	1	2	3	4	5
d. Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort)	1	2	3	4	5

5. During the **past 4 weeks**, how much of the time 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)? (check one response for each question)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the <b>amount of time</b> you spent on work or other activities	1	2	3	4	5
b. <b>Accomplished less</b> than you would like	1	2	3	4	5
c. Did work or other activities <b>less carefully than usual</b>	1	2	3	4	5

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? (check one)

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



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7. How much **bodily pain** have you had during the **past 4 weeks**? (check one)

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

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

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

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 the way you have been feeling. How much of the time during the **past 4 weeks**... (circle one response for each question)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of life?	1	2	3	4	5
b. Have you been very nervous?	1	2	3	4	5
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5
d. Have you felt calm and peaceful?	1	2	3	4	5
e. Did you have a lot of energy?	1	2	3	4	5
f. Have you felt downhearted and depressed?	1	2	3	4	5
g. Did you feel worn out?	1	2	3	4	5
h. Have you been happy?	1	2	3	4	5
i. Did you feel tired?	1	2	3	4	5



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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.)? (check one)

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 A little of the time
- 5 None of the time

11. How TRUE or FALSE is **each** of the following statements for you? (circle one response for each question)

		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



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### SECTION II: HEALTH BEHAVIOR (annual protocol visits only)

1. Have you ever, or do you currently, use a tobacco product (cigarette, cigar, smokeless tobacco)?
  - 1  Currently use a tobacco product
  - 2  Formerly used a tobacco product  
What year did you stop using the tobacco product (yyyy): \_\_\_\_\_
  - 3  Never used a tobacco product
2. How often have you used marijuana, hash, THC or grass during the last year?
  - 0  None
  - 1  Once or twice
  - 2  Less than once per month
  - 3  Monthly but less than once a week
  - 4  Once or twice a week
  - 5  Daily or almost every day
3. How many cups of coffee did you typically drink per day in the past year?  
(One "cup" equals 8 oz, hot or cold. Count Espresso and other coffee beverages even though a cup may not be a full 8 oz)
  - 0  None
  - 1  Occasionally, less than 1 per day
  - 2  1 per day
  - 3  2 per day
  - 4  3 or 4 per day
  - 5  More than 4 per day
4. How many cups of tea (black or green) did you typically drink per day in the past year?  
(One cup of tea equals 8 ounces, hot or cold, and includes black or green tea)
  - 0  None
  - 1  Occasionally, less than 1 per day
  - 2  1 per day
  - 3  2 per day
  - 4  3 or 4 per day
  - 5  More than 4 per day
5. Have you had a total of 12 or more drinks of any kind of alcohol, **in the past 12 months**?  
(One "drink" would be either a 12-ounce beer, a 4-ounce glass of wine, or a 1 ounce [a shot] of liquor)
  - Yes
  - No *Please skip questions 6 through 9*
6. On average, did you drink alcohol at least once a week, **in the past 12 months**?
  - Yes
  - No *Please skip questions 7 through 9*
7. How many days of the week did you drink alcohol, **in the past 12 months**?  
\_\_\_\_\_ days a week
8. On the days that you drank alcohol, about how many drinks did you have a day?  
\_\_\_\_\_ alcohol drinks a day
9. About how many days of the month did you have 5 or more drinks of alcohol on a single day, **in the past 12 months**?  
\_\_\_\_\_ days a month

**Thank you for completing this questionnaire!**