

# HEALTHY Study Form ST7 Health Utilities Index (HUI)

## Standard Survey:

- School ID: \_\_\_\_
- Student ID: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- Grade:  6<sup>th</sup>     7<sup>th</sup>     8<sup>th</sup>

SCHOOLID

STUDENTID

GRADE

**Instructions:** These questions ask about 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 month. Please think about the past 4 weeks or 30 days and remember what you experienced during this period. Your answers should focus on your abilities, disabilities, and how you have felt during the past month.

You may feel that some of these questions do not apply to you, but it is important that we ask everyone the same questions. Although a few questions may seem similar, please answer each one.

All information you provide is confidential. There are no right or wrong answers. What we want is your opinion about your abilities and feelings.

You are going to answer the questions using a PDA. Use the pointer to select an answer for each question. You can change your answer by selecting another answer on the screen. After you have selected an answer, press 'next' with the pointer to go to the next question. At the end of the questions, the final screen you will see will let you know that you are done.

### Part 1: Vision

1. During the past month, have you been able to see well enough to read ordinary newspaper without glasses or contact lenses?

Responses:    1 = yes (go to #4)  
                  2 = no

A1

2. Have you been able to see well enough to read ordinary newspaper with glasses or contact lenses?

Responses:    1 = yes (go to #4)  
                  2 = no

A2

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

Responses:    1 = yes  
                  2 = no (go to #6)

A3

4. During the past month, have you been able to see well enough to recognize a friend on the other side of the street without glasses or contact lenses?

Responses:    1 = yes (go to #6)  
                  2 = no

A4

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?

Responses:    1 = yes  
                  2 = no

A5

### Part 2: Hearing

6. During the past month, have you been able to hear what is said in a group conversation with at least three other people without a hearing aid?

Responses:    1 = yes (go to #11)  
                  2 = no

A6

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7. Have you been able to hear what is said in a group conversation with at least three other people with a hearing aid?

Responses: 1 = yes (go to #9)  
2 = no

A7

8. During the past month, have you been able to hear at all?

Responses: 1 = yes  
2 = no (go to #11)

A8

9. During the past month, have you been able to hear what is said in a conversation with one other person in a quiet room without a hearing aid?

Responses: 1 = yes (go to #11)  
2 = no

A9

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?

Responses: 1 = yes  
2 = no

A10

**Part 3: Speech**

11. During the past month, have you been able to be understood completely when speaking your own language with people who do not know you?

Responses: 1 = yes (go to #16)  
2 = no

A11

12. Have you been able to be understood partially when speaking with people who do not know you?

Responses: 1 = yes  
2 = no

A12

13. During the past month, have you been able to be understood completely when speaking with people who know you well?

Responses: 1 = yes (go to #16)  
2 = no

A13

14. Have you been able to be understood partially when speaking with people who know you well?

Responses: 1 = yes (go to #16)  
2 = no

A14

15. During the past month, have you been able to speak at all?

Responses: 1 = yes  
2 = no

A15

**Part 4: Getting Around**

16. During the past month, have you been able to bend, lift, jump, and run without difficulty and without help or equipment of any kind?

Responses: 1 = yes (go to #24)  
2 = no

A16

17. Have you been able to walk around the neighborhood without difficulty and without help or equipment of any kind?

Responses: 1 = yes (go to #24)  
2 = no

A17

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18. Have you been able to walk around the neighborhood with difficulty but without help or equipment of any kind?

Responses: 1 = yes (go to #24)  
2 = no

A18

19. During the past month, have you been able to walk at all?

Responses: 1 = yes  
2 = no (go to #22)

A19

20. Have you needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?

Responses: 1 = yes  
2 = no

A20

21. Have you needed the help of another person to walk?

Responses: 1 = yes  
2 = no

A21

22. Have you needed a wheelchair to get around the neighborhood?

Responses: 1 = yes  
2 = no (go to #24)

A22

23. Have you needed the help of another person to get around in the wheelchair?

Responses: 1 = yes  
2 = no

A23

**Part 5: Hands and Fingers**

24. During the past month, have you had the full use of both hands and ten fingers?

Responses: 1 = yes (go to #28)  
2 = no

A24

25. Have you needed the help of another person because of limitations in the use of your hands or fingers?

Responses: 1 = yes  
2 = no (go to #27)

A25

26. Have you needed the help of another person with some tasks, most tasks, or all tasks?

Responses: 1 = some tasks  
2 = most tasks  
3 = all tasks

A26

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

Responses: 1 = yes  
2 = no

A27

**Part 6: Self Care**

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

Responses: 1 = yes (go to #31)  
2 = no

A28

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

Responses: 1 = yes  
2 = no

A29

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

Responses: 1 = yes  
2 = no

A30

**Part 7: Feelings**

31. During the past month, have you been feeling happy or unhappy?

Responses: 1 = happy  
2 = unhappy (go to #33)

A31

32. Would you describe yourself as having felt happy and interested in life or somewhat happy?

Responses: 1 = happy and interested in life (go to #34)  
2 = somewhat happy (go to #34)

A32

33. Would you describe yourself as having felt somewhat unhappy or very unhappy?

Responses: 1 = somewhat unhappy  
2 = very unhappy

A33

34. During the past month, did you ever feel fretful, angry, irritable, anxious, or depressed?

Responses: 1 = yes  
2 = no (go to #36)

A34

35. How often did you feel fretful, angry, irritable, anxious, or depressed?

Responses: 1 = rarely  
2 = occasionally  
3 = often  
4 = almost always

A35

**Part 8: Memory**

36. How would you describe your ability to remember things during the past month?

Responses: 1 = able to remember most things  
2 = somewhat forgetful  
3 = very forgetful  
4 = unable to remember anything at all

A36

**Part 9: Thinking**

37. How would you describe your ability to think and solve day-to-day problems during the past month?

Responses: 1 = able to think clearly and solve problems  
2 = had a little difficulty  
3 = had some difficulty  
4 = had a great deal of difficulty  
5 = unable to think or solve problems

A37

**Part 10: Pain and Discomfort**

38. Have you had any trouble with pain or discomfort during the past month?

Responses: 1 = yes  
2 = no (go to #40)

A38

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39. How many of your activities during the past month were limited by pain or discomfort?

- Responses:
- 1 = none
  - 2 = a few
  - 3 = some
  - 4 = most
  - 5 = all

40. Overall, how would you rate your health during the past month?

- Responses:
- 1 = excellent
  - 2 = very good
  - 3 = good
  - 4 = fair
  - 5 = poor

You have finished answering the questions.