

HEMO Study Form 49

QUALITY OF LIFE ASSESSMENT

INTERVIEWER-ADMINISTERED
[English Version]

INSTRUCTIONS TO THE INTERVIEWER

1. Use this form to administer the Quality of Life Assessment Form by interview. Interviewer administration should be used with patients unable to self-administer the forms due to an impairment in vision or reading ability, or difficulty in manual dexterity, and with patients who state a strong preference for an interview format.
2. Read each of the lead-in statements, questions, and response choices verbatim and in the order presented. Lead-in statements are enclosed in boxes and should be read to the respondent. Instructions to the interviewer are enclosed in brackets [] and should **not** be read to the respondent.
3. **Do not** lead respondents. If the respondent asks for clarification of a question, assist the respondent by re-reading the question and response choices for them *verbatim*. If they ask you what something means, **do not** rephrase the question, but gently tell them to use their own definition of the situation.
4. Circle the number corresponding to the one response choice selected by the respondent. If the respondent has difficulty selecting one response choice, gently guide them by acknowledging their difficulty and asking them which answer comes closest to what they are thinking or feeling. **Do not** lead the respondent.
5. Complete the entire questionnaire during one session.

This form combines questions from the Short Form 36 Health Survey, the Index of Well-Being, the Kidney and Dialysis Quality of Life™ questionnaire (KDQOL™) and questions developed for the Hemodialysis (HEMO) Study.

The development of the KDQOL was supported by a subgrant from the University of Arizona to RAND and an unrestricted grant from Amgen to RAND. See reference: Hays, R.D., Kallich, J.D., Mapes, D.L., Coons, S.J., and Carter, W.B. (1994). Development of the Kidney Disease Quality of

Life (KDQOL) Instrument. Quality of Life Research, 3, 329-338.

HEMO Study Form 49. Quality of Life and Health Status Questionnaire

This questionnaire is to be completed during Baseline week 5 and annually during Follow-up at F12, F24, etc. Use this form if a patient is unable to complete Form 48 on his own, or requests help in administration of Form 48. This form is available in English and Spanish. It is important the interviewer instructions be followed carefully and use the exact language given. Detailed instructions for Form 49 are given in the Manual of Operations, Chapter 6.

Patients may refuse to answer a question if they choose to do so or if they are not able to answer the question.

Questions 1-6 to be completed by Study Coordinator.

1. Patient Identification Number....._ _ _ _ _
2. Patient Name Code_ _ _ _ _
3. Visit Date _ _ / _ _ / _ _
4. Visit Type_ _ _ _ _
5. Week/Month Number_ _ _ _ _
- 6a. Was the assessment administered in (1 = English, 2 = Spanish)....._ _
- 6b. Reason for using interviewer administered form....._ _
1 = Patient has visual difficulties.
2 = Patient has difficulty with manual dexterity or other physical problems.
3 = Patient preferred interviewer administered format.
- 6c. ID of interviewer _ _ _ _ _
(Use first letter of first name and first 7 letters of last name for ID)

Here are some words and phrases we would like you to use to describe how you feel about your life NOW. We are asking you to use a scale from 1 to 7. For example, if you think your life is very "boring," answer "1." If you think it is very "interesting," answer "7." If you think it is somewhere in between, answer the in-between number you think is closest.

7a. If "boring" is a 1, and "interesting" is a 7, please describe how you feel about your life on a scale from 1 to 7.

(Circle one number)

Boring	1	2	3	4	5	6	7	Interesting
--------	---	---	---	---	---	---	---	-------------

7b. If "miserable" is a 1, and "enjoyable" is a 7, please describe how you feel about your life on a scale from 1 to 7.

(Circle one number)

Miserable	1	2	3	4	5	6	7	Enjoyable
-----------	---	---	---	---	---	---	---	-----------

7c. If "hard" is a 1, and "easy" is a 7, please describe how you feel about your life on a scale from 1 to 7.

(Circle one number)

Hard	1	2	3	4	5	6	7	Easy
------	---	---	---	---	---	---	---	------

7d. If "useless" is a 1, and "worthwhile" is a 7, please describe how you feel about your life on a scale from 1 to 7.

(Circle one number)

Useless	1	2	3	4	5	6	7	Worthwhile
---------	---	---	---	---	---	---	---	------------

7e. If "lonely" is a 1, and "friendly" is a 7, please describe how you feel about your life on a scale from 1 to 7.

(Circle one number)

Lonely	1	2	3	4	5	6	7	Friendly
--------	---	---	---	---	---	---	---	----------

7f. If "empty" is a 1, and "full" is a 7, please describe how you feel about your life on a scale from 1 to 7.

(Circle one number)

Empty	1	2	3	4	5	6	7	Full
-------	---	---	---	---	---	---	---	------

7g. If "discouraging" is a 1, and "hopeful" is a 7, please describe how you feel about your life on a scale from 1 to 7.

(Circle one number)

Discouraging	1	2	3	4	5	6	7	Hopeful
--------------	---	---	---	---	---	---	---	---------

7h. If "tied down" is a 1, and "free" is a 7, please describe how you feel about your life on a scale from 1 to 7.

(Circle one number)

Tied down	1	2	3	4	5	6	7	Free
-----------	---	---	---	---	---	---	---	------

7i. If "disappointing" is a 1, and "rewarding" is a 7, please describe how you feel about your life on a scale from 1 to 7.

(Circle one number)

Disappointing	1	2	3	4	5	6	7	Rewarding
---------------	---	---	---	---	---	---	---	-----------

7j. If "doesn't give me much chance" is a 1, and "brings out the best in me" is a 7, please describe how you feel about your life on a scale from 1 to 7.

(Circle one number)

Doesn't give me much chance	1	2	3	4	5	6	7	Brings out the best in me
-----------------------------	---	---	---	---	---	---	---	---------------------------

We have asked a little about various parts of your life. Now we want to ask about your life as a whole. How satisfied are you with your life as a whole THESE DAYS?

8. If "completely satisfied" is a 1, and "completely dissatisfied" is a 7, please answer the single number from 1 to 7 which comes closest to how satisfied or dissatisfied you are with your life as a whole.

Completely satisfied	1	2	3	4	5	6	7	Completely dissatisfied
----------------------	---	---	---	---	---	---	---	-------------------------

YOUR HEALTH

9. In general, would you say your health is: *[READ RESPONSE CHOICES]*

(Circle One Number)

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

10. Compared to one year ago, how would you rate your health in general now? Would you say it is...
[READ RESPONSE CHOICES]

(Circle One Number)

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

Now I'm going to read a list of activities that you might do during a typical day. As I read each item, please tell me if your health now limits you a lot, limits you a little, or does not limit you at all in these activities.

[NOTE: For items 5a to 5i, if respondent says s/he does not do activity, probe: Is that because of your health? If respondent does not do activity for health reasons, circle '1' (Yes, limited a lot). If respondent does not do activity for reasons other than health, circle '3' (No, not limited at all).

11a. **First, vigorous activities, such as running, lifting heavy objects, participating in strenuous sports. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES]**

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

(Circle One Number)

Yes, limited a lot	1
Yes, limited a little	2
Not, not limited at all	3

11b. **...moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES]**

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

(Circle One Number)

Yes, limited a lot	1
Yes, limited a little	2
Not, not limited at all	3

11c. **...lifting or carrying groceries. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES]**

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

(Circle One Number)

Yes, limited a lot	1
Yes, limited a little	2
Not, not limited at all	3

11d. ...climbing several flights of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES]

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

(Circle One Number)

Yes, limited a lot	1
Yes, limited a little	2
No, not limited at all	3

11e. ...climbing one flight of stairs. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES]

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

(Circle One Number)

Yes, limited a lot	1
Yes, limited a little	2
Not, not limited at all	3

11f. ...bending, kneeling, or stooping. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES]

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

(Circle One Number)

Yes, limited a lot	1
Yes, limited a little	2
Not, not limited at all	3

11g. ...walking more than a mile. Does your health now limit you a lot, limit you a little, or not limit you at all? [READ RESPONSE CHOICES]

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

(Circle One Number)

Yes, limited a lot	1
Yes, limited a little	2
Not, not limited at all	3

11h. **...walking several blocks.** Does your health now limit you a lot, limit you a little, or not limit you at all?
[READ RESPONSE CHOICES]

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

(Circle One Number)

Yes, limited a lot	1
Yes, limited a little	2
Not, not limited at all	3

11i. **...walking one block.** Does your health now limit you a lot, limit you a little, or not limit you at all?
[READ RESPONSE CHOICES]

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

(Circle One Number)

Yes, limited a lot	1
Yes, limited a little	2
Not, not limited at all	3

11j. **...bathing or dressing yourself.** Does your health now limit you a lot, limit you a little, or not limit you at all?
[READ RESPONSE CHOICES]

[IF RESPONDENT SAYS S/HE DOES NOT DO ACTIVITY, PROBE: Is that because of your health?

(Circle One Number)

Yes, limited a lot	1
Yes, limited a little	2
Not, not limited at all	3

The following four questions ask you about your physical health and your daily activities.

12a. **During the past 4 weeks,** have you cut down the amount of time you spent on work or other regular daily activities as a result of your physical health? [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

12b. During the past 4 weeks, have you accomplished less than you would like as a result of your physical health? [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

12c. During the past 4 weeks, were you limited in the kind of work or other regular daily activities you do as a result of your physical health? [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

12d. During the past 4 weeks, have you had difficulty performing work or other regular daily activities as a result of your physical health, for example, it took extra effort? [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

The following three questions ask you about your emotions and your daily activities.

13a. During the past 4 weeks, have you cut down the amount of time you spent on work or regular daily activities as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

13b. During the past 4 weeks, have you accomplished less than you would like as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

13c. During the past 4 weeks, did you not do work or other regular daily activities as carefully as usual as a result of any emotional problems, such as feeling depressed or anxious? [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

14. 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? Has it interfered... [READ RESPONSE CHOICES]

(Circle One Number)

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

15. During the past 4 weeks, how much did pain interfere with your normal work, including both work outside the home and housework? Did it interfere... [READ RESPONSE CHOICES]

(Circle One Number)

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

16. How much bodily pain have you had during the past 4 weeks? Have you had... [READ RESPONSE CHOICES]

(Circle One Number)

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

17. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities, like visiting with friends and relatives? Has it interfered... [READ RESPONSE CHOICES]

(Circle One Number)

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

The next questions are about how you feel and how things have been with you during the past four weeks.

As I read each statement, please give me the one answer that comes closest to the way you have been feeling; is it all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?

- 18a. How much of the time during the past 4 weeks...did you feel full of pep? [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
or None of the time	6

- 18b. How much of the time during the past 4 weeks...have you been a very nervous person? [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
or None of the time	6

18c. **How much of the time during the past 4 weeks...have you felt so down in the dumps that nothing could cheer you up?** *[READ RESPONSE CHOICES ONLY IF NECESSARY]*

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
or None of the time	6

18d. **How much of the time during the past 4 weeks...have you felt calm and peaceful?** [READ RESPONSE CHOICES ONLY IF NECESSARY]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
or None of the time	6

18e. **How much of the time during the past 4 weeks...did you have a lot of energy?** [READ RESPONSE CHOICES ONLY IF NECESSARY]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
or None of the time	6

18f. **How much of the time during the past 4 weeks...have you felt downhearted and blue?** [READ RESPONSE CHOICES ONLY IF NECESSARY]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
or None of the time	6

18g. **How much of the time during the past 4 weeks...did you feel worn out?** [READ RESPONSE CHOICES ONLY IF NECESSARY]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
or None of the time	6

18h. **How much of the time during the past 4 weeks...have you been a happy person?** [READ RESPONSE CHOICES ONLY IF NECESSARY]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
or None of the time	6

18i. **How much of the time during the past 4 weeks...did you feel tired?** [READ RESPONSE CHOICES ONLY IF NECESSARY]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
or None of the time	6

The next questions are about your health and health-related matters. I'm going to read a bit of statements. After each one, please tell me if it is definitely true, mostly true, mostly false, or definitely false. If you don't know, just tell me.

19a. **I seem to get sick a little easier than other people. Would you say that's...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

19b. **I am as healthy as anybody I know. Would you say that's...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

19c. **I expect my health to get worse. Would you say that's...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

19d. **My health is excellent. Would you say that's...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3

Mostly false	4
or Definitely false?	5

The next two questions are about exercise.

20. **Did you do any regular "aerobic" exercise before kidney failure such as walking, running, bicycling, or swimming?** *[READ RESPONSE CHOICES]*

(Circle One Number)

Yes, 3 or more times per week	1
Yes, but less than 3 times per week	2
No, did no regular aerobic exercise	3

21. **Do you now do any regular aerobic exercise?** *[READ RESPONSE CHOICES]*

(Circle One Number)

Yes, 3 or more times per week	1
Yes, but less than 3 times per week	2
No, do no regular aerobic exercise	3

Now I'm going to read a list of statements. For each statement, please tell me whether it is definitely true, mostly true, mostly false, or definitely false. If you don't know, just tell me.

- 22a. **I make every moment count. Would you say that's...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

- 22b. **I usually finish the important things I need to do each day. Would you say that's...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Definitely true	1
-----------------	---

Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

22c. **My kidney disease interferes too much with my life. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

22d. **I get very little done these days. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

22e. **Too much of my time is spent dealing with my kidney disease. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

22f. **I have enough time to accomplish the things I most want to do. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4

or Definitely false?	5
----------------------	---

22g. **I feel frustrated dealing with my kidney disease. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

22h. **I feel like a burden on my family. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

These questions are about how you feel and how things have been going during the **past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

23a. **How much of the time did you isolate yourself from people around you?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

23b. **How much of the time did you react slowly to things that were said or done?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

23c. **How much of the time did you act irritable toward those around you?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

23d. **How much of the time did you forget things that happened recently, for example, where you put things, appointments?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

23e. **How much of the time did you make unreasonable demands on your family and friends?** [*READ RESPONSE CHOICES*]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

23f. **How much of the time did you have difficulty doing activities involving concentration and thinking?** [*READ RESPONSE CHOICES*]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

23g. **How much of the time did you have difficulty reasoning and solving problems; for example, making plans, making decisions, learning new things?** [*READ RESPONSE CHOICES*]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

23h. **How much of the time did you get along well with other people?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

23i. **How much of the time did you have trouble keeping your attention on an activity for long?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

23j. **How much of the time did you become confused and start several activities at a time?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
A good bit of the time	3
Some of the time	4
A little of the time	5
None of the time	6

24. **During the past 4 weeks, how many days did your health cause you to stay in bed for half a day or more?** [READ RESPONSE CHOICES]

(Circle One Number)

Did not stay in bed	1
1 day	2
2 days	3
3 to 4 days	4
5 to 8 days	5
9 to 14 days	6
15 to 30 days	7

25a. **During the past 4 weeks, to what extent were you bothered by soreness in your muscles?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25b. **During the past 4 weeks, to what extent were you bothered by muscle spasms or twitching?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25c. **During the past 4 weeks, to what extent were you bothered by joint pain?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25d. **During the past 4 weeks, to what extent were you bothered by stiffening of your joints?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25e. **During the past 4 weeks, to what extent were you bothered by aches in your bones?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25f. **During the past 4 weeks, to what extent were you bothered by back pain?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4

Extremely	5
-----------	---

25g. **During the past 4 weeks, to what extent were you bothered by chest pain?** *[READ RESPONSE CHOICES]*

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25h. **During the past 4 weeks, to what extent were you bothered by headaches?** *[READ RESPONSE CHOICES]*

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25i. **During the past 4 weeks, to what extent were you bothered by cramps during dialysis?** *[READ RESPONSE CHOICES]*

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25j. **During the past 4 weeks, to what extent were you bothered by cramps after dialysis?** *[READ RESPONSE CHOICES]*

(Circle One Number)

Not at all	1
Somewhat	2

Moderately	3
Very much	4
Extremely	5

25k. During the past 4 weeks, to what extent were you bothered by easy bruising? [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25l. During the past 4 weeks, to what extent were you bothered by itchy skin? [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25m. During the past 4 weeks, to what extent were you bothered by dry skin? [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25n. During the past 4 weeks, to what extent were you bothered by trouble getting your breath? [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
------------	---

Somewhat	2
Moderately	3
Very much	4
Extremely	5

25o. **During the past 4 weeks, to what extent were you bothered by shortness of breath?** [*READ RESPONSE CHOICES*]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25p. **During the past 4 weeks, to what extent were you bothered by faintness or dizziness?** [*READ RESPONSE CHOICES*]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25q. **During the past 4 weeks, to what extent were you bothered by lack of appetite?** [*READ RESPONSE CHOICES*]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25r. **During the past 4 weeks, to what extent were you bothered by loss of taste?** [*READ RESPONSE CHOICES*]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25s. **During the past 4 weeks, to what extent were you bothered by a dry mouth?** *[READ RESPONSE CHOICES]*

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25t. **During the past 4 weeks, to what extent were you bothered by excessive thirst?** *[READ RESPONSE CHOICES]*

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25u. **During the past 4 weeks, to what extent were you bothered by lack of strength?** *[READ RESPONSE CHOICES]*

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25v. **During the past 4 weeks, to what extent were you bothered by fatigue or weakness?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25w. **During the past 4 weeks, to what extent were you bothered by feeling washed out or drained?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25x. **During the past 4 weeks, to what extent were you bothered by numbness in your hands or feet?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25y. **During the past 4 weeks, to what extent were you bothered by low blood pressure?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3

Very much	4
Extremely	5

25z. **During the past 4 weeks, to what extent were you bothered by high blood pressure?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25aa. **During the past 4 weeks, to what extent were you bothered by trouble concentrating or thinking?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25bb. **During the past 4 weeks, to what extent were you bothered by trouble with your memory?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25cc. **During the past 4 weeks, to what extent were you bothered by swelling of your ankles?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
------------	---

Somewhat	2
Moderately	3
Very much	4
Extremely	5

25dd. **During the past 4 weeks, to what extent were you bothered by hot or cold spells?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25ee. **During the past 4 weeks, to what extent were you bothered by trouble sleeping?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25ff. **During the past 4 weeks, to what extent were you bothered by sleepiness during the day?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25gg. **During the past 4 weeks, to what extent were you bothered by blurred vision?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25hh. **During the past 4 weeks, to what extent were you bothered by nausea or upset stomach?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

25ii. **During the past 4 weeks, to what extent were you bothered by clotting or other problems with your access site?** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

End of Part I

If you are splitting the form into two days stop here.

25jj. Was the form done in one day or two days? (1=one day, 2=two days)

**EFFECTS OF KIDNEY DISEASE
ON YOUR DAILY LIFE**

Some people are bothered by the effects of kidney disease on their daily life, while others are not. I'm going to read a list of possible effects of kidney disease on daily life. As I read each item, please tell me if the effects of kidney disease bother you not at all, somewhat, moderately, very much or extremely.

26a. **Do the effects of kidney disease on fluid restrictions bother you...** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26b. **Do the effects of kidney disease on dietary restrictions bother you...** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26c. **Do the effects of kidney disease on limits on what you can do bother you...** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26d. Do the effects of kidney disease on your sleep bother you... [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26e. Do the effects of kidney disease on your ability to work around the house bother you... [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26f. Do the effects of kidney disease on your ability to work at a paying job bother you... [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26g. Do the effects of kidney disease on your family responsibilities bother you... [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4

Extremely	5
-----------	---

26h. **Do the effects of kidney disease on your family relationships bother you...** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26i. **Do the effects of kidney disease on your relationships with friends bother you...** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26j. **Do the effects of kidney disease on your ability to travel bother you...** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26k. **Do the effects of kidney disease on your energy level bother you...** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26l. **Do the effects of kidney disease on your ability to lift objects bother you...** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26m. **Does being dependent on doctors and other medical staff because of your kidney disease bother you...** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26n. **Does being dependent on a kidney machine bother you...** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26o. **Do the effects of kidney disease on time available to get things done bother you...** [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4

Extremely	5
-----------	---

26p. **Do the effects of kidney disease on how much money you have bother you...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26q. **Do stress or worries caused by kidney disease bother you...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26r. **Do the effects of kidney disease on your personal appearance bother you...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

26s. **Does having to take medications for kidney disease bother you...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3

Very much	4
Extremely	5

26t. **OMIT THIS QUESTION.** Do the effects of kidney disease on your sex life bother you... [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

These next questions are personal, but your answers are important in understanding how kidney disease impacts on people's lives.

27a. **OMIT THIS QUESTION.** How much of a problem was lack of sexual interest during the past 4 weeks? [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

27b. **OMIT THIS QUESTION.** How much of a problem was inability to relax and enjoy sex during the past 4 weeks? [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

27c. **OMIT THIS QUESTION.** How much of a problem was difficulty in becoming sexually aroused during the past 4 weeks? [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

27d. **OMIT THIS QUESTION.** [MEN ONLY] How much of a problem was difficulty getting or keeping an erection during the past 4 weeks? [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

27e. **OMIT THIS QUESTION.** [WOMEN ONLY] How much of a problem was difficulty in having an orgasm during the past 4 weeks? [READ RESPONSE CHOICES]

(Circle One Number)

Not at all	1
Somewhat	2
Moderately	3
Very much	4
Extremely	5

The following questions are about your sleep habits.

28a. **How often during the past 4 weeks did you have trouble falling asleep?** [READ RESPONSE CHOICES]

(Circle One Number)

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

28b. **How often during the past 4 weeks did you feel that your sleep was not quiet (moving restlessly, feeling tense, speaking, etc., while sleeping)?** [READ RESPONSE CHOICES]

(Circle One Number)

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

28c. **How often during the past 4 weeks did you get the amount of sleep you needed?** [READ RESPONSE CHOICES]

(Circle One Number)

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

For each of the following statements please indicate whether these describe you during the past few days and are related to your state of health.

29a. **I spend much of the day lying down in order to rest. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

29b. **I sit during much of the day. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

29c. **I am sleeping or dozing most of the time -- day and night. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

29d. **I lie down more often during the day in order to rest. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

29e. **I sit around half-asleep. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

29f. **I sleep less at night, for example, wake up too early, don't fall asleep for a long time, awoken frequently. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

--	--

Yes	1
No	2

29g. I sleep or nap more during the day. Would you say that's... [READ RESPONSE CHOICES]

(Circle One Number)

Yes	1
No	2

30. On the average, how many hours do you sleep in a 24-hour period? (Please count any naps during the day as well as your sleep at night.) [READ RESPONSE CHOICES]

Number of Hours:

31. On a scale from 0 to 10, how would you rate the quality of your sleep during the past 4 weeks?

(Circle One Number)

0	1	2	3	4	5	6	7	8	9	10
Poor Quality										High Quality

32. On a scale from 0 to 10, how much energy have you had during the past 4 weeks?

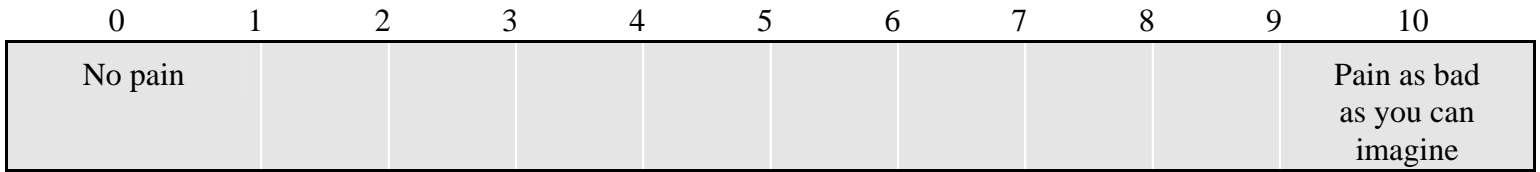
(Circle One Number)

0	1	2	3	4	5	6	7	8	9	10
No energy at all										A great deal of energy

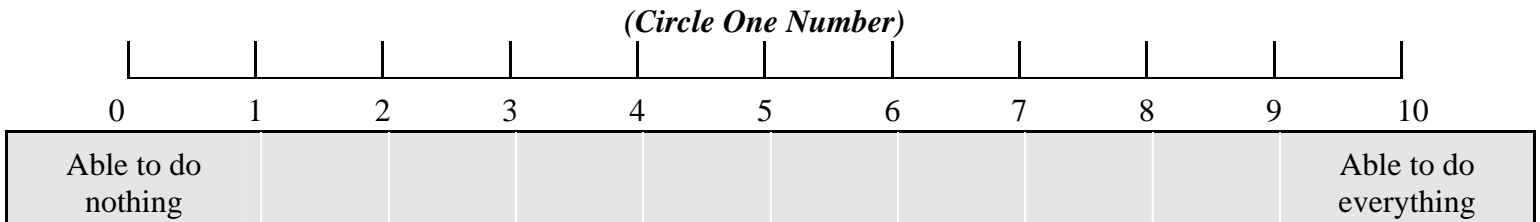
33. On a scale from 0 to 10, how would you rate your pain on average during the past 4 weeks? 0 would mean you had no pain; 10 would mean you had pain as bad as you can imagine.

(Circle One Number)

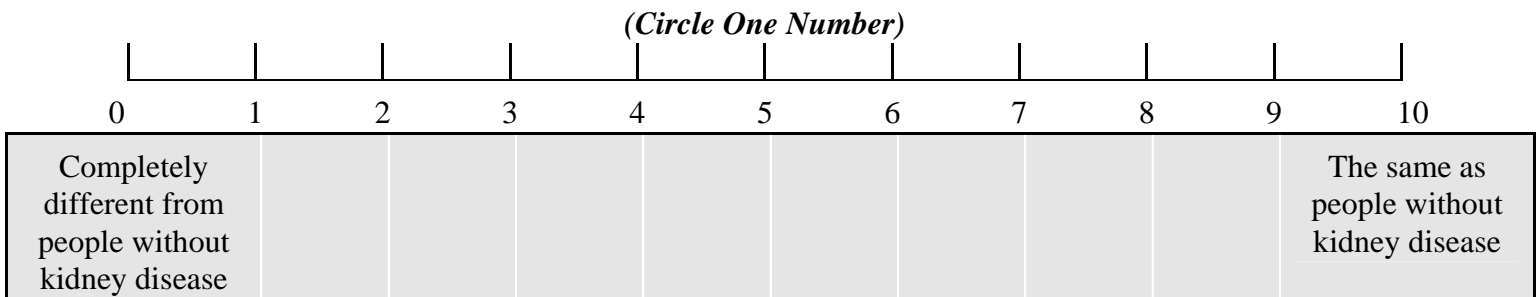
--	--	--	--	--	--	--	--	--	--	--



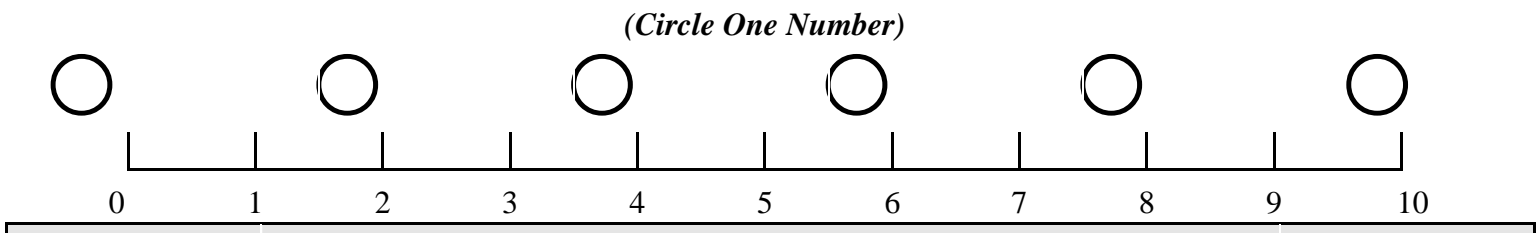
34. On a scale from 0 to 10, how would you rate the extent to which you are able to do everything you'd like to do? 0 would mean you are able to do nothing; 10 would mean you are able to do everything.



35. Compare your life with kidney disease to the lives of people without kidney disease. On a scale from 0 to 10, how would you compare your life to that of people without kidney disease? 0 would mean your life is completely different from people without kidney disease; 10 would mean your life is the same as people without kidney disease.



36. Overall, how would you rate your health?



Worst possible (as bad or worse than being dead)	Half-way between worst and best	Perfect health
--	------------------------------------	-------------------

37. **How do you feel about your life now?** [READ RESPONSE CHOICES]

(Circle One Number)

Delighted	1
Pleased	2
Mostly Satisfied	3
Mixed (About Equally Satisfied and Dissatisfied)	4
Mostly Dissatisfied	5
Unhappy	6
Terrible	7

38. **During the last 7 days, how many "good" days and now many "bad" days did you have?** (Your total may range between 0 and 7 days)

Number of Good Days:

Number of Bad Days:

The next questions deal with your satisfaction with your family and social life. Please indicate

39a. **How would you rate the amount of togetherness you have with your family or friends? Is it...** [READ RESPONSE CHOICES]

(Circle One Number)

Poor	1
Fair	2
Good	3
Very Good	4
Excellent	5

39b. **How would you rate the support and understanding your family or friends give you? Is it...** [READ RESPONSE CHOICES]

(Circle One Number)

Poor	1
Fair	2
Good	3

Very Good	4
Excellent	5

39c. **How would you rate the amount you talk things over with your family or friends? Is it...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Poor	1
Fair	2
Good	3
Very Good	4
Excellent	5

40. **During the past 4 weeks, was someone available to help you if you needed and wanted help? Was someone available...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Yes, as much as you wanted	1
Yes, quite a bit	2
Yes, some	3
Yes, a little	4
No, not at all	5

41. **How many dialysis staff persons do you feel close to? Do you feel close to...** *[READ RESPONSE CHOICES]*

(Circle One Number)

None	1
1 to 3 staff members	2
4 or more staff members	3

42. **How many dialysis patients do you feel close to? Do you feel close to...** *[READ RESPONSE CHOICES]*

(Circle One Number)

None	1
1 to 3 patients	2
4 or more patients	3

The next questions are about the care you receive at this dialysis facility.

- 43a. **Think about the care you receive for kidney dialysis. In terms of your satisfaction, how would you rate the friendliness and interest shown in you as a person at this facility? Is it...** [READ RESPONSE CHOICES]

(Circle One Number)

Very Poor	1
Poor	2
Fair	3
Good	4
Very Good	5
Excellent	6
The Best	7

- 43b. **Think about the care you receive for kidney dialysis. In terms of your satisfaction, how would you rate your care received overall at this facility? Is it...** [READ RESPONSE CHOICES]

(Circle One Number)

Very Poor	1
Poor	2
Fair	3
Good	4
Very Good	5
Excellent	6
The Best	7

- 44a. **The staff who care for me believe dialysis patients should work full- or part-time if they are able. Would you say that's...** [READ RESPONSE CHOICES]

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

44b. Dialysis staff here encourage patients to lead as normal a life as possible. Would you say that's...
[READ RESPONSE CHOICES]

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

44c. Dialysis staff here encourage you to be as independent as possible. Would you say that's... [READ RESPONSE CHOICES]

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

44d. The dialysis staff here work with you to develop an individualized care plan to meet my goals. Would you say that's... [READ RESPONSE CHOICES]

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

44e. Dialysis staff here counsel you on achieving full potential for rehabilitation. Would you say that's...
[READ RESPONSE CHOICES]

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3

Mostly false	4
or Definitely false?	5

44f. **Your family members and close friends believe dialysis patients should work full- or part-time if they are able. Would you say that's...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

44g. **Most dialysis patients should work full- or part-time if they are able. Would you say that's...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

44h. **Working full- or part-time would negatively affect the health of dialysis patients. Would you say that's...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Definitely true	1
Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

44i. **Dialysis patients who have a job face discrimination at work because they are on dialysis. Would you say that's...** *[READ RESPONSE CHOICES]*

(Circle One Number)

Definitely true	1
-----------------	---

Mostly true	2
Don't know	3
Mostly false	4
or Definitely false?	5

Think about your six dialysis treatments in the past two weeks. Think about how you have felt on your way to the dialysis unit *before* those dialysis treatments.

45a. **How often have you felt weak?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

45b. **How often have you felt low in energy?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

45c. **How often have you felt worn out?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

45d. **How often have you felt sluggish?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

45e. **How often have you felt worry or dread about how you will feel during the dialysis treatment?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

Again, think about how you have felt on your way to the dialysis unit *before* your six dialysis treatments in the past two weeks.

46a. **How often have you had shortness of breath?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

46b. **How often have you had headache?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

46c. **How often have you had bone, joint or back pain?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

46d. **How often have you had nausea?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

46e. **How often have you had itching?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5

Never	6
-------	---

Think about the last two weeks. Think about how you have felt when you leave the dialysis unit *after* your six dialysis treatments.

47a. **How often have you felt weak?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

47b. **How often have you felt low in energy?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

47c. **How often have you felt worn out?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

47d. **How often have you felt sluggish?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

47e. **How often have you felt dizzy or faint?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

47f. **How often have you felt muscle cramps?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

Think about how you have felt *during* your six dialysis treatments in the past **two weeks**.

48a. **How often have you had itching?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48b. **How often have you had thirst?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48c. **How often have you had headache?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48d. **How often have you had chest pain?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48e. **How often have you had chills?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48f. **How often have you had muscle cramps?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48g. **How often have you had dizziness or lightheadedness?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5

Never	6
-------	---

48h. **How often have you had fainting or passing out?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48i. **How often have you had shortness of breath?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48j. **How often have you had nausea?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48k. **How often have you had pain in your dialysis access arm or hand?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5

Never	6
-------	---

48l. **How often have you had uncomfortably warm or cold feeling?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48m. **How often have you vomited?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48n. **How often have you had restless feeling?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48o. **How often have you felt bored?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5

Never	6
-------	---

48p. **How often have you had bone or joint pain?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48q. **How often have you had back pain?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

48r. **How often have you had trouble concentrating or trouble thinking clearly?** [READ RESPONSE CHOICES]

(Circle One Number)

During all of your treatments	1
During most of your treatments	2
During some of your treatment	3
During a few of your treatments	4
Rarely	5
Never	6

Think about the past **two weeks**.

49a. **How often did you get too little sleep at night?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

49b. **How often did you have a poor night's sleep?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

49c. **How often did you have trouble falling asleep at night?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

49d. **How often did you wake up during the night?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

49e. **How often did you find yourself kept awake by restless legs?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

49f. **How often did you awaken suddenly gasping for breath?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

49g. **How often did you feel sleepy during the day?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4

Rarely	5
Never	6

49h. **How often did you use a sleeping pill?** [READ RESPONSE CHOICES]

(Circle One Number)

All of the time	1
Most of the time	2
Some of the time	3
A few times	4
Rarely	5
Never	6

50. **Think about the last two weeks. How many hours did you usually sleep at night?**

(Circle One Number)

Less than 4 hours a night	1
4 to 5 hours a night	2
6 hours a night	3
7 hours a night	4
8 or more hours a night	5

51. **Think about waking up at night in the past two weeks. What was the longest you stayed awake?**

(Circle One Number)

Less than 5 minutes	1
6 to 19 minutes	2
20 to 59 minutes	3
1 to 2 hours	4
More than 2 hours	5

Questions 52 and 53 ask about any graft, fistula or catheter you have used for dialysis during the past **three months**.

52. **During the past three months, how much physical pain have you had from problems with your dialysis access or from tests or operations on your access?**

(Circle One Number)

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

53. **Think about the past three months. How much have problems with your dialysis access or tests or operations on your access interfered with the rest of your life? Please consider your work, other regular daily activities, and social activities with family, friends, neighbors or groups.**

(Circle One Number)

Not at all	1
Very little	2
A moderate amount	3
A good deal	4
A great deal	5
A very great deal	6

Form 49, March 13, 1995

201. Date this form completed..... _ _ / _ _ / _ _

202. Certification number of person completing this form _ _ _ _ _

Clinical Center Use Only

Data Form Entered _ _ / _ _ / _ _

Person Entering this Form