

## Thoughts and Feelings

PID: 0	Acrostic: 0	Visit:
Completed: d_form	Date Form	Administration Type: admin
Reviewed by: compby	<input type="text"/>	<input type="text"/>
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### A. Feelings Thermometer

Please enter a number from 0 to 100 to indicate how good or bad your current health state is. A response of 0 would indicate the worst imaginable health state and a response of 100 would be the best imaginable health state.

Score range 0 - 100

ftscore

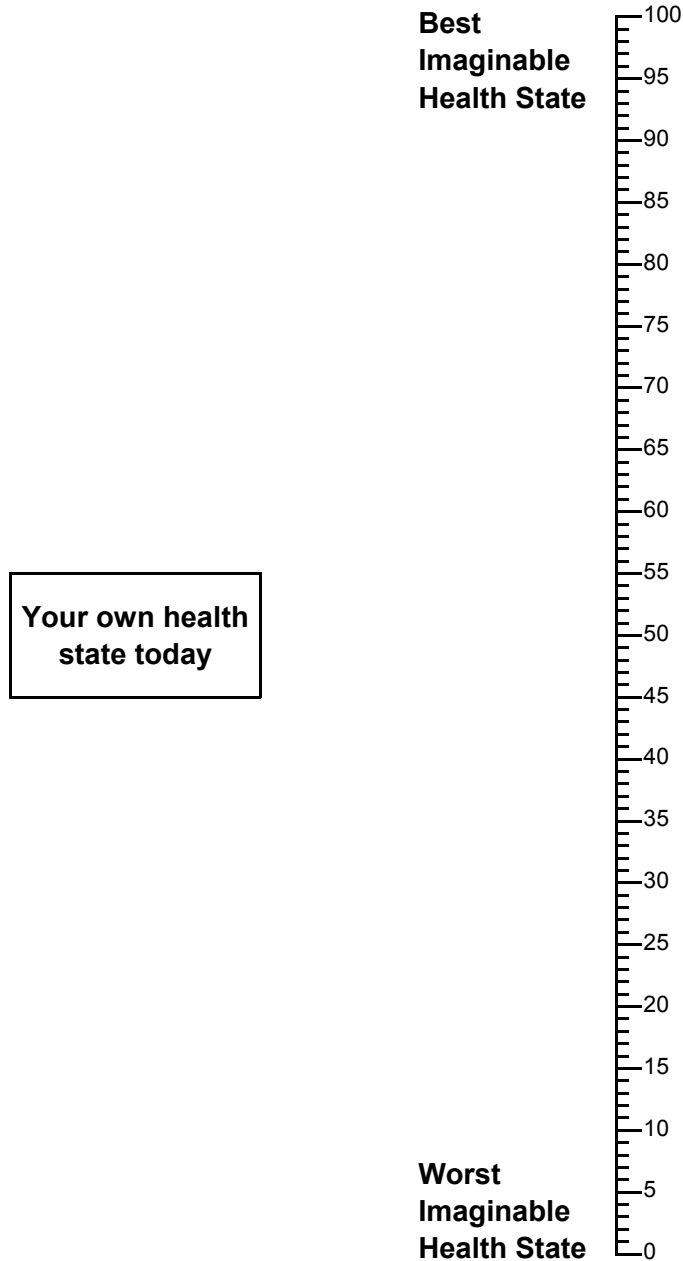
# THOUGHTS AND FEELINGS BASELINE AND FOLLOW-UP

SELF-ADMINISTERED VERSION

Patient ID	<i>[affix ID label here]</i>	Date Form Completed	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Reviewed by	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	Language	E		
Administration Type	<input style="width: 30px; height: 20px;" type="text"/>	Visit Code	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>							

## A. Feelings Thermometer

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you can imagine is marked by 0. We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your current health state is.



**For Office Use Only**




**Score Range 0 - 100**

The next set of questions ask about various aspects of your health. When answering these questions we would like you to think about your ability to do things on a day-to-day basis, during the past 4 weeks. To define the 4 week period, please think about what the date was 4 weeks 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 during the past 4 weeks.

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.

## B. Abilities

### Vision

1. During the past four weeks, have you been able to see well enough to read ordinary newspaper *without* glasses or contact lenses?
  - 1  Yes →
  - 2  No
  - 3  Don't know
  - 4  Refused
  
2. Have you been able to see well enough to read ordinary newspaper *with* glasses or contact lenses?
  - 1  Yes →
  - 2  No
  - 3  Don't know/Didn't wear glasses or contact lenses
  - 4  Refused
  
3. During the past four weeks, have you been able to see at all?
  - 1  Yes
  - 2  No →
  - 3  Don't know
  - 4  Refused

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**B. Abilities**

**Vision (continued)**

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

1  Yes → Go to Question 6, below

2  No

3  Don't know

4  Refused

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?

1  Yes

2  No

3  Don't know/Didn't wear glasses or contact lenses

4  Refused

**Hearing**

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

1  Yes → Go to Question 11, next page

2  No

3  Don't know

4  Refused

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

1  Yes → Go to Question 9, next page

2  No

3  Don't know/Didn't wear a hearing aid

4  Refused

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

1  Yes

2  No → Go to Question 11, next page

3  Don't know

4  Refused

## B. Abilities

### Hearing (continued)

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

- 1  Yes → Go to Question 11, below
- 2  No
- 3  Don't know
- 4  Refused

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?

- 1  Yes
- 2  No
- 3  Don't know/Didn't wear a hearing aid
- 4  Refused

### Speech

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

- 1  Yes → Go to Question 16, next page
- 2  No
- 3  Don't know
- 4  Refused

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

- 1  Yes
- 2  No
- 3  Don't know
- 4  Refused

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

- 1  Yes → Go to Question 16, next page
- 2  No
- 3  Don't know
- 4  Refused



## B. Abilities

### Speech (continued)

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

1  Yes →

2  No

3  Don't know

4  Refused

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

1  Yes

2  No

3  Don't know

4  Refused

### Getting Around

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

1  Yes →

2  No

3  Don't know

4  Refused

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

1  Yes →

2  No

3  Don't know

4  Refused

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

1  Yes →

2  No

3  Don't know

4  Refused

**B. Abilities**

**Getting Around (continued)**

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

- 1  Yes
- 2  No → Go to Question 22, below
- 3  Don't know
- 4  Refused

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

- 1  Yes
- 2  No
- 3  Don't know
- 4  Refused

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

- 1  Yes
- 2  No
- 3  Don't know
- 4  Refused

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

- 1  Yes
- 2  No
- 3  Don't know
- 4  Refused

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

- 1  Yes
- 2  No
- 3  Don't know
- 4  Refused

**Hands and Fingers**

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

- 1  Yes → Go to Question 28, next page
- 2  No
- 3  Don't know
- 4  Refused

**B. Abilities**



**Hands and Fingers (continued)**

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

- 1  Yes
- 2  No → Go to Question 27, below
- 3  Don't know
- 4  Refused

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

- 1  Some tasks
- 2  Most tasks
- 3  All tasks
- 4  Don't know
- 5  Refused

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

- 1  Yes
- 2  No
- 3  Don't know
- 4  Refused

**Self-Care**

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

- 1  Yes → Go to Question 31, next page
- 2  No
- 3  Don't know
- 4  Refused

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

- 1  Yes
- 2  No
- 3  Don't know
- 4  Refused



**B. Abilities**



**Self-Care (continued)**

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

- 1  Yes
- 2  No
- 3  Don't know
- 4  Refused

**Feelings**

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

- 1  Happy
- 2  Unhappy →
- 3  Don't know
- 4  Refused

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

- 1  Happy and interested in life →
- 2  Somewhat happy →
- 3  Don't know
- 4  Refused

33. Would you describe yourself as having felt: somewhat unhappy, very unhappy, or so unhappy that life is not worthwhile?

- 1  Somewhat unhappy
- 2  Very unhappy
- 3  So unhappy that life is not worthwhile
- 4  Don't know
- 5  Refused

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

- 1  Yes
- 2  No →
- 3  Don't know
- 4  Refused

## B. Abilities

### Feelings (continued)

35. How often did you feel fretful, angry, irritable, anxious or depressed: rarely, occasionally, often, or almost always?

- 1  Rarely
- 2  Occasionally
- 3  Often
- 4  Almost always
- 5  Don't know
- 6  Refused

36. During the past four weeks did you feel *extremely* fretful, angry, irritable, anxious or depressed, to the point of needing professional help?

- 1  Yes
- 2  No
- 3  Don't know
- 4  Refused

### Memory

37. How would you describe your ability to remember things, during the past four weeks: able to remember most things, somewhat forgetful, very forgetful, or unable to remember anything at all?

- 1  Able to remember most things
- 2  Somewhat forgetful
- 3  Very forgetful
- 4  Unable to remember anything at all
- 5  Don't know
- 6  Refused

### Thinking

38. How would you describe your ability to think and solve day to day problems, during the past four weeks: able to think clearly and solve problems, had a little difficulty, had some difficulty, had a great deal of difficulty, or unable to think or solve problems?

- 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
- 6  Don't know
- 7  Refused



## B. Abilities

### Pain and Discomfort

39. Have you had any trouble with pain or discomfort, during the past four weeks?

1  Yes

2  No →

3  Don't know

4  Refused

40. How many of your activities, during the past four weeks, were limited by pain or discomfort:  
none, a few, some, most, all?

1  None

2  A few

3  Some

4  Most

5  All

6  Don't know

7  Refused



Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by checking the box that best represents your response.

### C. My Health

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

- 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?

- 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?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c. Lifting or carrying groceries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d. Climbing <b>several</b> flights of stairs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e. Climbing <b>one</b> flight of stairs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f. Bending, kneeling, or stooping	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g. Walking more than a mile	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h. Walking several hundred yards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i. Walking one hundred yards	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
j. Bathing or dressing yourself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>



### C. My Health

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?
- |   | 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 amount of time you spent on work or other activities                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Accomplished less than you would like  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Were limited in the kind of work or other activities                                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Had difficulty performing the work or other activities (for example, it took extra effort) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
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)?
- |   | 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 amount of time you spend on work or other activities | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. Accomplished less than you would like                                | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Did work or other activities less carefully than usual               | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
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?
- 1  Not at all      2  Slightly      3  Moderately      4  Quite a bit      5  Extremely
7. How much bodily pain have you had during the **past 4 weeks**?
- 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)?
- 1  Not at all      2  A little bit      3  Moderately      4  Quite a bit      5  Extremely



**C. My Health**

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 . . .

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

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.)?

- 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?

	<b>Definitely true</b>	<b>Mostly true</b>	<b>Don't know</b>	<b>Mostly false</b>	<b>Definitely false</b>
a. I seem to get sick a little easier than other people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. I am as healthy as anybody I know	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. I expect my health to get worse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. My health is excellent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>