

Abilities (Health Utilities Index)

PID:

Acrostic:

Visit:

Date Form Completed:

Administration Type:

- ()
- (1) Self-administered
- (2) Mailed
- (3) Telephone
- (4) Interviewer-administered
- (5) Home
- (6) Administered to Proxy

Administered by:

Language:

- (1) English
- (2) Spanish
- (3) Navajo

Vision

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

- {husee1} {int 4}
- () --
 - (1) 1 - Yes (Go to Question 4)
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {husee2} {int 4}
- () --
 - (1) 1 - Yes (Go to Question 4)
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {husee3} {int 4}
- () --
 - (1) 1 - Yes
 - (2) 2 - No(Go to Question 6)
 - (3) 3 - Do not know
 - (4) 4 - Refused

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?

- {husee4} {int 4}
- () --
 - (1) 1 - Yes (Go to Question 6)
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 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?**

{husee5} {int 4} () --
(1) 1 - Yes
(2) 2 - No
(3) 3 - Do not know
(4) 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 3 other people without a hearing aid?**

{huhear1} {int 4} () --
(1) 1 - Yes (Go to Question 11)
(2) 2 - No
(3) 3 - Do not know
(4) 4 - Refused

7. **During the past four weeks, have you been able to hear what is said in a group conversation with at least 3 other people with a hearing aid?**

{huhear2} {int 4} () --
(1) 1 - Yes (Go to Question 9)
(2) 2 - No
(3) 3 - Do not know
(4) 4 - Refused

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

{huhear3} {int 4} () --
(1) 1 - Yes
(2) 2 - No (Go to Question 11)
(3) 3 - Do not know
(4) 4 - Refused

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?**

{huhear4} {int 4} () --
(1) 1 - Yes (Go to Question 11)
(2) 2 - No
(3) 3 - Do not know
(4) 4 - Refused

10. **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 with a hearing aid?**

{huhear5} {int 4} () --
(1) 1 - Yes
(2) 2 - No
(3) 3 - Do not know/Did not wear a hearing aid
(4) 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?**

{huund1} {int 4}

()	--
(1)	1 - Yes (Go to Question 16)
(2)	2 - No
(3)	3 - Do not know
(4)	4 - Refused

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

{huund2} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No
(3)	3 - Do not know
(4)	4 - Refused

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

{huund3} {int 4}

()	--
(1)	1 - Yes (Go to Question 16)
(2)	2 - No
(3)	3 - Do not know
(4)	4 - Refused

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

{huund4} {int 4}

()	--
(1)	1 - Yes (Go to Question 16)
(2)	2 - No
(3)	3 - Do not know
(4)	4 - Refused

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

{huund5} {int 4}

()	--
(1)	1 - Yes
(2)	2 - No
(3)	3 - Do not know
(4)	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?**

{humove1} {int 4}

()	--
(1)	1 - Yes (Go to Question 24)
(2)	2 - No
(3)	3 - Do not know
(4)	4 - Refused

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

- {huwalk1} {int 4}
- (0) --
 - (1) 1 - Yes (Go to Question 24)
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {huwalk2} {int 4}
- (0) --
 - (1) 1 - Yes (Go to Question 24)
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {huwalk3} {int 4}
- (0) --
 - (1) 1 - Yes
 - (2) 2 - No (Go to Question 22)
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {huwalk4} {int 4}
- (0) --
 - (1) 1 - Yes
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {huwalk5} {int 4}
- (0) --
 - (1) 1 - Yes
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {huwchr1} {int 4}
- (0) --
 - (1) 1 - Yes
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {huwchr2} {int 4}
- (0) --
 - (1) 1 - Yes
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 4 - Refused

Hands and Fingers

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

- | | |
|--------------------|---------------------------------|
| {huhands1} {int 4} | () -- |
| | (1) 1 - Yes (Go to Question 28) |
| | (2) 2 - No |
| | (3) 3 - Do not know |
| | (4) 4 - Refused |
-

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

- | | |
|--------------------|--------------------------------|
| {huhands2} {int 4} | () -- |
| | (1) 1 - Yes |
| | (2) 2 - No (Go to Question 27) |
| | (3) 3 - Do not know |
| | (4) 4 - Refused |
-

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

- | | |
|-------------------|---------------------|
| {huhelp1} {int 4} | () -- |
| | (1) 1 - Some tasks |
| | (2) 2 - Most tasks |
| | (3) 3 - All tasks |
| | (4) 4 - Do not know |
| | (5) 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 hands or fingers?**

- | | |
|-------------------|---------------------|
| {huhelp2} {int 4} | () -- |
| | (1) 1 - Yes |
| | (2) 2 - No |
| | (3) 3 - Do not know |
| | (4) 4 - Refused |
-

Self-Care

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

- | | |
|-------------------|---------------------------------|
| {huself1} {int 4} | () -- |
| | (1) 1 - Yes (Go to Question 31) |
| | (2) 2 - No |
| | (3) 3 - Do not know |
| | (4) 4 - Refused |
-

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

- {husef2} {int 4}
- () --
 - (1) 1 - Yes
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {husef3} {int 4}
- () --
 - (1) 1 - Yes
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 4 - Refused

Feelings

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

- {hudesc1} {int 4}
- () --
 - (1) 1 - Happy
 - (2) 2 - Unhappy (Go to Question 33)
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {hudesc2} {int 4}
- () --
 - (1) 1 - Happy and interested in life (Go to Question 34)
 - (2) 2 - Somewhat happy (Go to Question 34)
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {hudesc3} {int 4}
- () --
 - (1) 1 - Somewhat unhappy
 - (2) 2 - Very unhappy
 - (3) 3 - So unhappy that life is not worthwhile
 - (4) 4 - Do not know
 - (5) 5 - Refused

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

- {hudesc4} {int 4}
- () --
 - (1) 1 - Yes
 - (2) 2 - No (Go to Question 37)
 - (3) 3 - Do not know
 - (4) 4 - Refused

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

- {hudesc5} {int 4}
- () --
 - (1) 1 - Rarely
 - (2) 2 - Occasionally
 - (3) 3 - Often
 - (4) 4 - Almost always
 - (5) 5 - Do not know
 - (6) 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?**

- {hudesc6} {int 4}
- () --
 - (1) 1 - Yes
 - (2) 2 - No
 - (3) 3 - Do not know
 - (4) 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?**

- {humemory} {int 4}
- () --
 - (1) 1 - Able to remember most things
 - (2) 2 - Somewhat forgetful
 - (3) 3 - Very forgetful
 - (4) 4 - Unable to remember anything at all
 - (5) 5 - Do not know
 - (6) 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 a great deal of difficulty, or unable to think or solve problems?**

- {huthink} {int 4}
- () --
 - (1) 1 - Able to think clearly and solve problems
 - (2) 2 - Had a little difficulty
 - (3) 3 - Had some difficulty
 - (4) 4 - Had a great deal of difficulty
 - (5) 5 - Unable to think or solve problems
 - (6) 6 - Do not know
 - (7) 7 - Refused

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

- {hupain1} {int 4}
- () --
 - (1) 1 - Yes
 - (2) 2 - No END
 - (3) 3 - Do not know
 - (4) 4 - Refused

40. **How many of your activities, during the past four weeks, were limited by pain or discomfort?**

- (0) --
- (1) 1 - None
- (2) 2 - A few
- (3) 3 - Some
- (4) 4 - Most
- (5) 5 - All
- (6) 6 - Do not know
- (7) 7 - Refused

{hupain2} {int 4}

THOUGHTS AND FEELINGS BASELINE AND FOLLOW-UP

SELF-ADMINISTERED VERSION

Patient ID	<input type="text" value="[affix ID label here]"/>	Date Form Completed	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
		Month	Day	Year	
Administration Type	<input type="text"/>	Visit Code	<input type="text"/> <input type="text"/> <input type="text"/>	Reviewed by	<input type="text"/> <input type="text"/>
				Language	<input type="text" value="E"/>



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 → Go to Question 4, next page
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 → Go to Question 4, next page
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 → Go to Question 6, next page
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 → Go to Question 16, below
- 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 → Go to Question 24, next page
- 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 → Go to Question 24, next page
- 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 → Go to Question 24, next page
- 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





