

TODAY Form HUI, Health Utilities Index

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Release Participant ID

RELEASEID

Release Visit Number

MVISIT

1. Days since randomization

DAYS

HEALTH UTILITIES INDEX MARK 2 AND MARK3 (HUI2/3)
40-ITEM QUESTIONNAIRE FOR
INTERVIEWER-ADMINISTERED, SELF-ASSESSED
“ONE WEEK” HEALTH STATUS ASSESSMENT

The next set of questions ask about various aspects of your health. When answering these questions we would like you to think about your health and your ability to do things on a day-to-day basis, during the past week. To defined the past week period, please think about what the date was 7 days 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 week.

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.

Interviewer:

For each question, read the entire sentence as written on the left-hand side of the page following the question number, emphasizing the words in italics, if any. Do not read the response options listed down the right-hand margin of the page. The answer given by the respondent to each question should be clearly marked beside the one appropriate code listed to the right side of the question.

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VISON

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

₁ Yes →Go to 4

₂ No

₃ Don't know

₄ Refuse

DDVISWO

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

₁ Yes →Go to 4

₂ No

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

₄ Refused

DDVISWGL

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

₁ Yes

₂ No →Go to 6

₃ Don't know

₄ Refused

DDVISSEE

4. During the past week, 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 6

₂ No

₃ Don't know

₄ Refused

DDVISFWO

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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

DDVISFGL

HEARING

6. During the past week, 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 11
- ₂ No
- ₃ Don't know
- ₄ Refuse

DDHRWOHA

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 9
- ₂ No
- ₃ Don't know/Didn't wear a hearing aid
- ₄ Refused

DDHRWHA

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

₁ Yes

₂ No →Go to 11

₃ Don't know

₄ Refused

DDHEAR

9. During the past week, 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 11

₂ No

₃ Don't know

₄ Refused

DDHRQTWO

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

DDHRQTW

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SPEECH

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

- ₁ Yes →Go to 16
- ₂ No
- ₃ Don't know
- ₄ Refuse

DDSPLANG

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

DDSPPART

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

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

DDSPKNOW

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

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

DDSPPTKN

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

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

DDSPEAK

GETTING AROUND

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

- ₁ Yes →Go to 24
- ₂ No
- ₃ Don't know
- ₄ Refuse

DDMOBLTY

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

- ₁ Yes →Go to 24
- ₂ No
- ₃ Don't know
- ₄ Refused

DDWALKWO

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

- ₁ Yes →Go to 24
- ₂ No
- ₃ Don't know
- ₄ Refused

DDWALKW

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

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

DDWALK

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

DDSUPPT

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

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

DDHELP

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

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

DDWCHAIR

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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

DDCHRHLP

HANDS AND FINGERS

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

- ₁ Yes →Go to 28
- ₂ No
- ₃ Don't know
- ₄ Refuse

DDHNDFUL

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 27
- ₃ Don't know
- ₄ Refused

DDHNDLMT

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

DDHLPTSK

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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?

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

DDSP EQUIP

SELF-CARE

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

- ₁ Yes →Go to 31
- ₂ No
- ₃ Don't know
- ₄ Refuse

DDADLNML

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

DDADLHLP

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

DDADLEQP

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FEELINGS

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

₁ Happy

₂ Unhappy →
Go to 33

₃ Don't know

₄ Refuse

DDFEEL

32. Would you describe yourself as having felt:

a) happy and interested in life , or

b) somewhat happy?

₁ a → Go to 34

₂ b → Go to 34

₃ Don't know

₄ Refused

DDFLHPPY

33. Would you describe yourself as having felt:

a) somewhat unhappy

b) very unhappy

c) so unhappy that life was not worthwhile

₁ a _

₂ b

₃ c

₄ Don't know

₅ Refused

DDUNHPPY

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

₁ Yes _

₂ No → Go to 37

₃ Don't know

₄ Refused

DDDEPRSS

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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

DDPRSFX

36. During the past week, 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

DDPREXT

MEMORY

37. How would you describe your ability to remember things, during the
past week:

- (a) able to remember most things
- (b) somewhat forgetful
- (c) very forgetful
- (d) unable to remember anything at all?

- ₁ a
- ₂ b
- ₃ c
- ₄ d
- ₅ Don't know
- ₆ Refused

DDMEMORY

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THINKING

38. How would you describe your ability to think and solve day to day problems, during the past week:

- (a) able to think clearly and solve problems
- (b) had a little difficulty
- (c) had some difficulty
- (d) had a great deal of difficulty
- (e) unable to think or solve problems?

- ₁ a
- ₂ b
- ₃ c
- ₄ d
- ₅ e
- ₆ Don't know
- ₇ Refused

PAIN AND DISCOMFORT

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

- ₁ Yes _
- ₂ No → Go to 41
- ₃ Don't know
- ₄ Refused

40. How many of your activities, during the past week, 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

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OVERALL

41. Overall, how would you rate your health during the past week?

(a) excellent

_1 a

(b) very good

_2 b

(c) good

_3 c

(d) fair

_4 d

(e) poor

_5 e_6 Don't know_7 Refused

DDHEALTH