



QL

NIDDK
VIRAL HEPATITIS C
QUALITY OF LIFE QUESTIONNAIRE

1/18/2002
Version 1.0

FORM KEYS

Patient ID ____ - ____ - ____

Time point:

- Screen 2 visit
- Follow-Up week 24
- Premature discontinuation of follow-up prior to Follow-up week 24

COMPLETION LOG

Data Collector ID _____
Initials

Data Collection ____ - ____ - ____

Date Entered ____ - ____ - ____

Date Verified ____ - ____ - ____
MM DD YY

This form was completed by (check one)

- the patient without assistance
- the patient with assistance from the Virahep-C coordinator
- the patient with assistance from family member

4. During the **PAST 4 WEEKS**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? (check one on each line)

	Yes	No
a. Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
b. Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>
c. Were limited in the kind of work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
d. Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/>	<input type="checkbox"/>

5. During the **PAST 4 WEEKS**, 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)? (check one on each line)

	Yes	No
a. Cut down on the amount of time you spent on work or other activities	<input type="checkbox"/>	<input type="checkbox"/>
b. Accomplished less than you would like	<input type="checkbox"/>	<input type="checkbox"/>
c. Didn't do work or other activities as carefully as usual	<input type="checkbox"/>	<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? (check one)

- 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**? (check one)

- 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)? (check one)

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

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... (circle one on each line)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Did you feel full of pep?	1	2	3	4	5	6
b. Have you been a very nervous person?	1	2	3	4	5	6
c. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Did you have a lot of energy?	1	2	3	4	5	6
f. Have you felt downhearted and blue?	1	2	3	4	5	6
g. Did you feel worn out?	1	2	3	4	5	6
h. Have you been a happy person?	1	2	3	4	5	6
i. Did you feel tired?	1	2	3	4	5	6

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 with friends, relatives, etc.)? (check one)

- 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? (circle one on each line)

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

12. How much of the time during the **PAST 4 WEEKS** have you. . .

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Had trouble sleeping?	1	2	3	4	5
b. Felt well rested when you wake up?	1	2	3	4	5
c. Had trouble staying awake during the day?	1	2	3	4	5
d. Felt short tempered or irritable?	1	2	3	4	5
e. Felt moody or were easily upset?	1	2	3	4	5
f. Had trouble concentrating?	1	2	3	4	5
g. Felt isolated from other people?	1	2	3	4	5
h. Been reluctant to socialize or interact with others?	1	2	3	4	5
i. Felt that your social relationships were strained?	1	2	3	4	5

13. How much of the time during the **PAST 4 WEEKS** have you. . .

	Not at all	A little bit	Moderately	Quite a bit	Extremely	Does not apply
a. Felt that your health had an impact on your performance at work or on other regular activities?	1	2	3	4	5	
b. Had financial problems because of medical expenses?	1	2	3	4	5	
c. Been unable to work because of your health?	1	2	3	4	5	NA
d. Felt your health interfered with your enjoyment of sex?	1	2	3	4	5	NA
e. Lacked interest in sex?	1	2	3	4	5	
f. Felt your health interfered with your sexual performance?	1	2	3	4	5	NA

14. All things considered, how satisfied are you **AT THIS TIME** with . . .

	Completely satisfied	Very satisfied	Satisfied	Neutral	Dissatisfied	Very dissatisfied	Completely dissatisfied
a. Your ability to function at work or as a homemaker or student?	1	2	3	4	5	6	7
b. Your social life and relationships?	1	2	3	4	5	6	7
c. Your life overall?	1	2	3	4	5	6	7