Initials

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NIDDK

VIRAL HEPATITIS C

QUALITY OF LIFE QUESTIONNAIRE

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FORM KEYS	COMPLETION LOG Data Collector ID
Patient ID	
Time point:	Data Collection
☐ Screen 2 visit	Date Entered
☐ Follow-Up week 24	Data Marified
☐ Premature discontinuation of follow-up prior to Follow-up week 24	Date Verified MN
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 	

QUALITY OF LIFE QUESTIONNAIRE

Instructions: This survey asks for your views about your health. Please answer every question. Some questions may look like others, but each one is different. If you are unsure about how to answer a question, please give the best answer you can.

- 1. In general, would you say your health is (check one):
 - □ 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 <u>now</u>? (check one)
 - ☐ 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 items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much? (circle one on each line)

	ACTIVITIES	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	2	3
b.	Moderate activities , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
C.	Lifting or carrying groceries	1	2	3
d.	Climbing several flights of stairs	1	2	3
e.	Climbing one flight of stairs	1	2	3
f.	Bending, kneeling, or stooping	1	2	3
g.	Walking more than one mile	1	2	3
h.	Walking several blocks	1	2	3
i.	Walking one block	1	2	3
j.	Bathing or dressing yourself	1	2	3

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		
b. Accomplished less than you would like		
c. Were limited in the kind of work or other activities		
d. Had difficulty performing the work or other activities (for example, it took extra effort)		

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		
b. Accomplished less than you would like		
c. Didn't do work or other activities as carefully as usual		

- 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
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