

HCSUS 2nd Follow-up
8. Quality of Life
Section B: Health Related Quality of Life

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: , , : , , A.M./P.M.

B1. (HAND CARD 34)

The questions that follow ask you about your feelings, thoughts, and activities during the last month. Please look at this card and tell me in the last month, how often have you:

Felt that you were unable to control the important things in your life?

(Would you say never, almost never, sometimes, fairly often, or very often or always?)

- | | | |
|----------------------------|---|--|
| NEVER | 1 | |
| ALMOST NEVER | 2 | |
| SOMETIMES | 3 | |
| FAIRLY OFTEN | 4 | |
| VERY OFTEN OR ALWAYS | 5 | |
- (G08B01)**

B2. (HAND CARD 34)

(In the last month, how often have you)

Felt confident about your ability to handle your personal problems?

(Would you say never, almost never, sometimes, fairly often, or very often or always?)

- | | | |
|----------------------------|---|--|
| NEVER | 1 | |
| ALMOST NEVER | 2 | |
| SOMETIMES | 3 | |
| FAIRLY OFTEN | 4 | |
| VERY OFTEN OR ALWAYS | 5 | |
- (G08B02)**

B3. (HAND CARD 34)

(In the last month, how often have you)

Felt that things were going your way?

(Would you say never, almost never, sometimes, fairly often, or very often or always?)

- | | | |
|----------------------------|---|--|
| NEVER | 1 | |
| ALMOST NEVER | 2 | |
| SOMETIMES | 3 | |
| FAIRLY OFTEN | 4 | |
| VERY OFTEN OR ALWAYS | 5 | |
- (G08B03)**

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B4. (HAND CARD 34)

(In the last month, how often have you)

Felt difficulties were piling up so high that you could not overcome them?

(Would you say never, almost never, sometimes, fairly often, or very often or always?)

| | | |
|---------------------------|---|----------|
| NEVER | 1 | (G08B04) |
| ALMOST NEVER | 2 | |
| SOMETIMES | 3 | |
| FAIRLY OFTEN..... | 4 | |
| VERY OFTEN OR ALWAYS..... | 5 | |

B5. I'm going to read you a list of activities. Please tell me if your health limited you a lot, a little, or not at all in doing each of these activities in the past four weeks.

(PROBE: IF R SAYS DID NOT DO ACTIVITY, ASK: Is that because of your health? IF NOT BECAUSE OF HEALTH, CODE NO, NOT LIMITED AT ALL)

Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?

| | | |
|------------------------------|---|----------|
| YES, LIMITED A LOT..... | 1 | (G08B05) |
| YES, LIMITED A LITTLE..... | 2 | |
| NO, NOT LIMITED AT ALL | 3 | |

B6. (Please tell me if your health limited you a lot, a little, or not at all in doing each of these activities in the past four weeks.)

(PROBE: IF R SAYS DID NOT DO ACTIVITY, ASK: Is that because of your health? IF NOT BECAUSE OF HEALTH, CODE NO, NOT LIMITED AT ALL)

Climbing one flight of stairs?

| | | |
|------------------------------|---|----------|
| YES, LIMITED A LOT..... | 1 | (G08B06) |
| YES, LIMITED A LITTLE..... | 2 | |
| NO, NOT LIMITED AT ALL | 3 | |

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- B7. (Please tell me if your health limited you a lot, a little, or not at all in doing each of these activities in the past four weeks.)

(PROBE: IF R SAYS DID NOT DO ACTIVITY, ASK: Is that because of your health? IF NOT BECAUSE OF HEALTH, CODE NO, NOT LIMITED AT ALL.)

Walking more than a mile?

YES, LIMITED A LOT..... 1 (G08B07)
YES, LIMITED A LITTLE..... 2
NO, NOT LIMITED AT ALL 3

- B8. (Please tell me if your health limited you a lot, a little, or not at all in doing each of these activities in the past four weeks.)

(PROBE: IF R SAYS DID NOT DO ACTIVITY, ASK: Is that because of your health? IF NOT BECAUSE OF HEALTH, CODE NO, NOT LIMITED AT ALL.)

Walking one block?

YES, LIMITED A LOT..... 1 (G08B08)
YES, LIMITED A LITTLE..... 2
NO, NOT LIMITED AT ALL 3

- B9. (Please tell me if your health limited you a lot, a little, or not at all in doing each of these activities in the past four weeks.)

(PROBE: IF R SAYS DID NOT DO ACTIVITY, ASK: Is that because of your health? IF NOT BECAUSE OF HEALTH, CODE NO, NOT LIMITED AT ALL.)

Bathing or dressing yourself?

YES, LIMITED A LOT..... 1 (G08B09)
YES, LIMITED A LITTLE..... 2
NO, NOT LIMITED AT ALL 3

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B10. (Please tell me if your health limited you a lot, a little, or not at all in doing each of these activities in the past four weeks.)

(PROBE: IF R SAYS DID NOT DO ACTIVITY, ASK: Is that because of your health? IF NOT BECAUSE OF HEALTH, CODE NO, NOT LIMITED AT ALL.)

Preparing meals or doing laundry?

YES, LIMITED A LOT..... 1 (G08B10)
YES, LIMITED A LITTLE..... 2
NO, NOT LIMITED AT ALL 3

B11. (Please tell me if your health limited you a lot, a little, or not at all in doing each of these activities in the past four weeks.)

(PROBE: IF R SAYS DID NOT DO ACTIVITY, ASK: Is that because of your health? IF NOT BECAUSE OF HEALTH, CODE NO, NOT LIMITED AT ALL.)

Shopping?

YES, LIMITED A LOT..... 1 (G08B11)
YES, LIMITED A LITTLE..... 2
NO, NOT LIMITED AT ALL 3

B12. (Please tell me if your health limited you a lot, a little, or not at all in doing each of these activities in the past four weeks.)

(PROBE: IF R SAYS DID NOT DO ACTIVITY, ASK: Is that because of your health? IF NOT BECAUSE OF HEALTH, CODE NO, NOT LIMITED AT ALL.)

Getting around inside your home?

YES, LIMITED A LOT..... 1 (G08B12)
YES, LIMITED A LITTLE..... 2
NO, NOT LIMITED AT ALL 3

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B13. (Please tell me if your health limited you a lot, a little, or not at all in doing each of these activities in the past four weeks.)

(PROBE: IF R SAYS DID NOT DO ACTIVITY, ASK: Is that because of your health? IF NOT BECAUSE OF HEALTH, CODE NO, NOT LIMITED AT ALL.)

Feeding yourself?

YES, LIMITED A LOT..... 1 (G08B13)
YES, LIMITED A LITTLE..... 2
NO, NOT LIMITED AT ALL 3

B14. During the past four weeks, has your health prevented you from working at a job, doing work around the house, or going to school all of the time, some of the time, or none of the time?

YES, FOR ALL OF THE TIME 1 (G08B14)
YES, FOR SOME OF THE TIME 2
NO, NONE OF THE TIME 3

B15. (During the past four weeks, has your health prevented you from) Doing certain kinds or amounts of work, housework, or schoolwork? (all of the time, some of the time, or none of the time?)

YES, FOR ALL OF THE TIME 1 (G08B15)
YES, FOR SOME OF THE TIME 2
NO, NONE OF THE TIME 3

B16. (During the past four weeks, has your health prevented you from)

Taking care of paperwork for health insurance or medical bills? (all of the time, some of the time, or none of the time?)

YES, FOR ALL OF THE TIME 1 (G08B16)
YES, FOR SOME OF THE TIME 2
NO, NONE OF THE TIME 3

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B17. During the past four weeks, how many days did your health cause you to stay in bed for 1/2 a day or more?

DAYS: ,,

(G08B17)

Valid Values: 0-28

B18. During the past four weeks, how much did pain interfere with your normal work (including work outside the house and housework)? Would you say:

| | | |
|-----------------------|---|----------|
| Not at all,..... | 1 | (G08B18) |
| A little bit, | 2 | |
| Moderately, | 3 | |
| Quite a bit, or | 4 | |
| Extremely? | 5 | |

B19. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? Would you say:

| | | |
|-----------------------|---|----------|
| Not at all,..... | 1 | (G08B19) |
| Slightly, | 2 | |
| Moderately, | 3 | |
| Quite a bit, or | 4 | |
| Extremely? | 5 | |

B20. In general, would you say your health in the past four weeks was:

| | | |
|------------------|---|----------|
| Excellent, | 1 | (G08B20) |
| Very good, | 2 | |
| Good, | 3 | |
| Fair, or | 4 | |
| Poor? | 5 | |

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B21. (HAND CARD #35)

Please indicate the extent to which the following statements are true or false for you during the past four weeks:

I seem to get sick a little easier than other people.

| | | |
|------------------------|---|----------|
| DEFINITELY TRUE | 1 | (G08B21) |
| MOSTLY TRUE | 2 | |
| DON'T KNOW | 3 | |
| MOSTLY FALSE | 4 | |
| DEFINITELY FALSE | 5 | |

B22. (HAND CARD #35)

(Please indicate the extent to which the following statement is true or false for you during the past four weeks:)

I have been feeling bad lately.

| | | |
|------------------------|---|----------|
| DEFINITELY TRUE | 1 | (G08B22) |
| MOSTLY TRUE | 2 | |
| DON'T KNOW | 3 | |
| MOSTLY FALSE | 4 | |
| DEFINITELY FALSE | 5 | |

B23. (HAND CARD #36)

For the next few questions, please use this card for your answers. How much of the time during the past four weeks have you felt calm and peaceful?

(Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?)

| | | |
|-----------------------------|---|----------|
| ALL OF THE TIME | 1 | (G08B23) |
| MOST OF THE TIME | 2 | |
| A GOOD BIT OF THE TIME..... | 3 | |
| SOME OF THE TIME | 4 | |
| A LITTLE OF THE TIME | 5 | |
| NONE OF THE TIME | 6 | |

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B24. (HAND CARD #36)

How much of the time during the past four weeks have you felt downhearted and blue?

(Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?)

| | | |
|-----------------------------|---|----------|
| ALL OF THE TIME | 1 | (G08B24) |
| MOST OF THE TIME | 2 | |
| A GOOD BIT OF THE TIME..... | 3 | |
| SOME OF THE TIME | 4 | |
| A LITTLE OF THE TIME | 5 | |
| NONE OF THE TIME | 6 | |

B25. (HAND CARD #36)

How much of the time during the past four weeks did you feel tired?

(Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?)

| | | |
|-----------------------------|---|----------|
| ALL OF THE TIME | 1 | (G08B25) |
| MOST OF THE TIME | 2 | |
| A GOOD BIT OF THE TIME..... | 3 | |
| SOME OF THE TIME | 4 | |
| A LITTLE OF THE TIME | 5 | |
| NONE OF THE TIME | 6 | |

B26. (HAND CARD # 36)

How much of the time during the past four weeks have you been a happy person?

(Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?)

| | | |
|-----------------------------|---|----------|
| ALL OF THE TIME | 1 | (G08B26) |
| MOST OF THE TIME | 2 | |
| A GOOD BIT OF THE TIME..... | 3 | |
| SOME OF THE TIME | 4 | |
| A LITTLE OF THE TIME | 5 | |
| NONE OF THE TIME | 6 | |

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B27. (HAND CARD # 36)

How much of the time during the past four weeks have you been a very nervous person?

(Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?)

| | | |
|-----------------------------|---|----------|
| ALL OF THE TIME | 1 | (G08B27) |
| MOST OF THE TIME | 2 | |
| A GOOD BIT OF THE TIME..... | 3 | |
| SOME OF THE TIME | 4 | |
| A LITTLE OF THE TIME | 5 | |
| NONE OF THE TIME | 6 | |

B28. (HAND CARD # 36)

How much of the time during the past four weeks did you have enough energy to do the things you wanted to do?

(Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?)

| | | |
|-----------------------------|---|----------|
| ALL OF THE TIME | 1 | (G08B28) |
| MOST OF THE TIME | 2 | |
| A GOOD BIT OF THE TIME..... | 3 | |
| SOME OF THE TIME | 4 | |
| A LITTLE OF THE TIME | 5 | |
| NONE OF THE TIME | 6 | |

B29. (HAND CARD # 36)

How much of the time during the past four weeks have you felt so down in the dumps that nothing could cheer you up?

(Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?)

| | | |
|-----------------------------|---|----------|
| ALL OF THE TIME | 1 | (G08B29) |
| MOST OF THE TIME | 2 | |
| A GOOD BIT OF THE TIME..... | 3 | |
| SOME OF THE TIME | 4 | |
| A LITTLE OF THE TIME | 5 | |
| NONE OF THE TIME | 6 | |

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B30. (HAND CARD # 36)

How much of the time during the past four weeks have you been anxious or worried?

(Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?)

| | | |
|-----------------------------|---|----------|
| ALL OF THE TIME | 1 | (G08B30) |
| MOST OF THE TIME | 2 | |
| A GOOD BIT OF THE TIME..... | 3 | |
| SOME OF THE TIME | 4 | |
| A LITTLE OF THE TIME | 5 | |
| NONE OF THE TIME | 6 | |

B31. (HAND CARD # 36)

How much of the time during the past four weeks have you felt depressed?

(Would you say all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time?)

| | | |
|-----------------------------|---|----------|
| ALL OF THE TIME | 1 | (G08B31) |
| MOST OF THE TIME | 2 | |
| A GOOD BIT OF THE TIME..... | 3 | |
| SOME OF THE TIME | 4 | |
| A LITTLE OF THE TIME | 5 | |
| NONE OF THE TIME | 6 | |

B32. (HAND CARD #37)

Please look at this card for your answers to the next two questions. The answers are slightly different for the next question.

During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)? Would you say all of the time, most of the time, some of the time, a little of the time, or none of the time?

| | | |
|----------------------------|---|----------|
| ALL OF THE TIME | 1 | (G08B32) |
| MOST OF THE TIME | 2 | |
| SOME OF THE TIME | 3 | |
| A LITTLE OF THE TIME | 4 | |
| NONE OF THE TIME | 5 | |

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B33. How much bodily pain have you had during the past four weeks? Would you say:

- | | | |
|--------------------|---|----------|
| None, | 1 | (G08B33) |
| Very mild, | 2 | |
| Mild, | 3 | |
| Moderate, | 4 | |
| Severe, or | 5 | |
| Very severe? | | |