

APPENDIX

Health-Related Quality of Life Items in Health Care Cost and Services Utilization Study

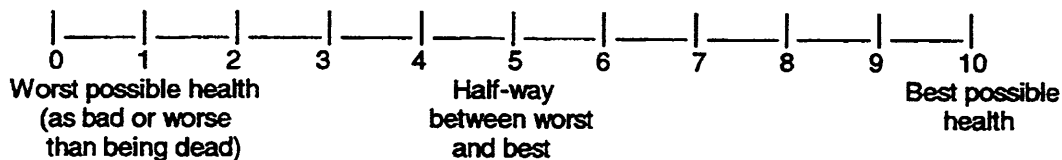
TSST07B

These next questions are about your overall health and quality of life.

B1. (HAND R CARD 33). Overall, how would you rate your current health?

B07B01

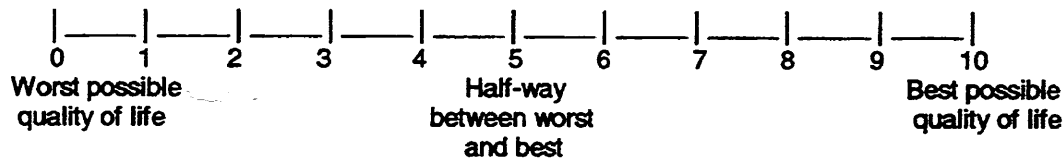
(Circle One Number)



B2. (HAND R CARD 34). Overall, how would you rate your quality of life?

B07B02

(Circle One Number)



A1. 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. IF R SAYS HE/SHE DOES NOT DO ACTIVITY FOR REASON OTHER THAN HEALTH, CODE - NOT LIMITED AT ALL.

(Circle One Number on Each Line)

		YES, LIMITED <u>A LOT</u>	YES, LIMITED <u>A LITTLE</u>	NO, NOT LIMITED <u>AT ALL</u>
B08A01A	a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?	1	2	3
B08A01B	b. Climbing one flight of stairs?	1	2	3
B08A01C	c. Walking more than a mile?	1	2	3
B08A01D	d. Walking one block?	1	2	3
B08A01E	e. Bathing or dressing yourself?	1	2	3
B08A01F	f. Preparing meals or doing laundry? ...	1	2	3
B08A01G	g. Shopping?	1	2	3
B08A01H	h. Getting around inside your home? ...	1	2	3
B08A01I	i. Feeding yourself?	1	2	3

A2. During the past four weeks, has your health prevented you from (READ ACTIVITY) all of the time, some of the time, or none of the time?

(Circle One Number on Each Line)

		YES, FOR ALL OF <u>THE TIME</u>	YES, FOR SOME OF <u>THE TIME</u>	NONE OF <u>THE TIME</u>
B08A02A	a. Working at a job, doing work around the house, or going to school?	1	2	3
B08A02B	b. Doing certain kinds or amounts of work, housework, or schoolwork?	1	2	3
B08A02C	c. Taking care of paperwork for health insurance or medical bills?	1	2	3

A.3. During the past four weeks, how many days did your health cause you to stay in bed for ½ a day or more?

B08A03 DAYS: _____

NOTE: FOR CAPI, RESPONSE CAN'T BE >28.

A4. During the past four weeks, how much did pain interfere with your normal work (including work outside the house and housework)? Would you say:

B08A04 (Circle One)

Not at all,	1
A little bit,	2
Moderately,	3
Quite a bit, or	4
Extremely?	5

A5. 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:

B08A05 (Circle One)

Not at all,	1
A little bit,	2
Moderately,	3
Quite a bit, or	4
Extremely?	5

A6. In general, would you say your health in the past four weeks was:

B08A06 (Circle One)

Excellent,	1
Very good,	2
Good,	3
Fair, or	4
Poor?	5

A7. (HAND R CARD #35) Please indicate the extent to which the following statements are true or false for you during the past four weeks:

(Circle One Number on Each Line)

		DEFINITELY <u>TRUE</u>	MOSTLY <u>TRUE</u>	DON'T <u>KNOW</u>	MOSTLY <u>FALSE</u>	DEFINITELY <u>FALSE</u>
B08A07A	a. I seem to get sick a little easier than other people.....	1	2	3	4	5
B08A07B	b. I have been feeling bad lately	1	2	3	4	5

A8. (HAND CARD #36) How much of the time during the past four weeks (READ ITEM). 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?

(Circle One Number on Each Line)

		<u>ALL OF THE TIME</u>	<u>MOST OF THE TIME</u>	<u>A GOOD BIT OF THE TIME</u>	<u>SOME OF THE TIME</u>	<u>A LITTLE OF THE TIME</u>	<u>NONE OF THE TIME</u>
B08A08A	a. Have you felt calm and peaceful?	1	2	3	4	5	6
B08A08B	b. Have you felt downhearted and blue?	1	2	3	4	5	6
B08A08C	c. Did you feel tired?	1	2	3	4	5	6
B08A08D	d. Have you been a happy person?	1	2	3	4	5	6
B08A08E	e. Have you been a nervous person?	1	2	3	4	5	6
B08A08F	f. Did you have enough energy to do the things you wanted to do?	1	2	3	4	5	6
B08A08G	g. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
B08A08H	h. Have you been anxious or worried?	1	2	3	4	5	6
B08A08I	i. Have you felt depressed?	1	2	3	4	5	6

A9. 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.)? These answer choices are a little different. Would you say:

B08A09

(Circle One)

- | | |
|--------------------------------|---|
| All of the time, | 1 |
| Most of the time, | 2 |
| Some of the time, | 3 |
| A little of the time, or | 4 |
| None of the time? | 5 |

A10. How much bodily pain have you had during the past four weeks? Would you say:

B08A10

(Circle One)

- | | |
|--------------------|---|
| None, | 1 |
| Very mild, | 2 |
| Mild, | 3 |
| Moderate, | 4 |
| Severe, or | 5 |
| Very severe? | 6 |