

**MULTICENTER STUDY OF HYDROXYUREA
IN SICKLE CELL ANEMIA (MSH)**

CURCLIN
ID
VISIT

CLINIC NO.					
I.D. NO.					
VISIT					1

**PROFILE OF MOOD STATES
AND LADDER OF LIFE**

PART I: IDENTIFYING INFORMATION

1. Patient Name Code: NAMECODE
2. Date: VIS-DT
- Day Month Year

PART II: MOOD PROFILE

3. Below is a list of words that describe feelings people have. Please read each one carefully. Then fill in ONE space under the answer to the right which best describes HOW YOU HAVE BEEN FEELING DURING THE PAST WEEK INCLUDING TODAY.

		Not at all	A Little	Moder- ately	Quite a Bit	Extremely
A. Tense	<u>TENS-02T</u>	(1)	(2)	(3)	(4)	(5)
B. Worn out	<u>WORN-04F</u>	(1)	(2)	(3)	(4)	(5)
C. Unhappy	<u>UNHA-05D</u>	(1)	(2)	(3)	(4)	(5)
D. Lively	<u>LIVE-07V</u>	(1)	(2)	(3)	(4)	(5)
E. Sad	<u>SAD-14D</u>	(1)	(2)	(3)	(4)	(5)
F. Active	<u>ACTV-15V</u>	(1)	(2)	(3)	(4)	(5)
G. On edge	<u>EDGE-16T</u>	(1)	(2)	(3)	(4)	(5)
H. Blue	<u>BLUE-18D</u>	(1)	(2)	(3)	(4)	(5)
I. Energetic	<u>ENER-19V</u>	(1)	(2)	(3)	(4)	(5)
J. Hopeless	<u>HPLS-21D</u>	(1)	(2)	(3)	(4)	(5)
K. Uneasy	<u>UNEA-26T</u>	(1)	(2)	(3)	(4)	(5)
L. Restless	<u>REST-31T</u>	(1)	(2)	(3)	(4)	(5)
M. Fatigued	<u>FATG-29F</u>	(1)	(2)	(3)	(4)	(5)
N. Discouraged	<u>DISC-32D</u>	(1)	(2)	(3)	(4)	(5)
O. Nervous	<u>NERV-34T</u>	(1)	(2)	(3)	(4)	(5)
P. Miserable	<u>MISR-36D</u>	(1)	(2)	(3)	(4)	(5)
Q. Cheerful	<u>CHEE-38V</u>	(1)	(2)	(3)	(4)	(5)
R. Exhausted	<u>EXHA-40F</u>	(1)	(2)	(3)	(4)	(5)
S. Anxious	<u>ANXI-41T</u>	(1)	(2)	(3)	(4)	(5)
T. Helpless	<u>HELP-48D</u>	(1)	(2)	(3)	(4)	(5)
U. Weary	<u>WEAR-49F</u>	(1)	(2)	(3)	(4)	(5)
V. Full of pep	<u>PEP-50V</u>	(1)	(2)	(3)	(4)	(5)
W. Worthless	<u>WRTH-53D</u>	(1)	(2)	(3)	(4)	(5)
X. Vigorous	<u>VIGO-63V</u>	(1)	(2)	(3)	(4)	(5)
Y. Bushed	<u>BUSH-65F</u>	(1)	(2)	(3)	(4)	(5)

PART III. LADDER OF LIFE

4. Here is a ladder representing the "Ladder of Life." The top of the ladder represents the BEST possible life for you. The bottom of the ladder represents the WORST possible life for you. (Answer parts A through C below.)

A. On which step of the ladder do you feel you personally stand at the present time?

PRESENT TIME (01 TO 10)

___ ___ *LOLNOW*

B. On which step would you say you stood five years ago?

FIVE YEARS AGO (01 TO 10)

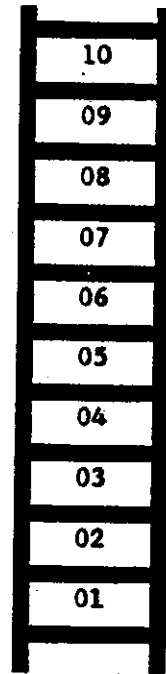
___ ___ *LOL5YA*

C. Thinking about your future, on which step do you think you will stand about five years from now?

FIVE YEARS IN THE FUTURE
(01 to 10)

___ ___ *LOL5YH*

Best Possible Life



Worst Possible Life

Thank you for your answers. Please give the questionnaire back to the Clinic Coordinator.

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PART IV: COORDINATION

ONLY

5. Parts II and III of this form were:

COMBY

Completed by the patient without assistance from the coordinator ----- (1)

Completed by the patient with at least some
assistance from the coordinator ----- (2)

Completed by the coordinator reading questions to the patient ----- (3)

If (3), answer Part A.

A. Did the patient seem to have difficulty in hearing or understanding the questions?

UNDSTD

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

6. Checked for completeness and accuracy

A. Certification Number ----- CERT-NO

B. Signature: _____

Retain a copy of this form for your files. Send the original to the MSH Data Coordinating Center. Use MSH mailing labels:

MSH Data Coordinating Center
 Maryland Medical Research Institute
 600 Wyndhurst Avenue
 Baltimore, Maryland 21210

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