

ACCESS QUESTIONNAIRE 18

ID no. _____ - _____ - _____
Form Type S D 0 1

GENERAL INSTRUCTIONS: COMPLETE AN ACCESS QUESTIONNAIRE 18 FOR EACH PARTICIPANT AT BASELINE. IF PARTICIPANT HAS ELECTED TO HAVE YOU READ THE QUESTIONS, GIVE THE PARTICIPANT THE SCALE D, E AND F CARDS NOW.

PARTICIPANT IDENTIFICATION

1. **PARTICIPANT'S INITIALS:** _____

2. **DATE OF INTERVIEW:** _____ - _____ - _____
Month Day Year

The following questions ask about your health.

3. In general, would you say your health is:

(1)	(2)	(3)	(4)	(5)	healthgn
Excellent	Very Good	Good	Fair	Poor	

4. Compared to a year ago, how would you rate your health in general now?

(1)	(2)	(3)	(4)	(5)	healthnw
Much better now than 1 year ago	Somewhat better now than 1 year ago	About the same	Somewhat worse now than 1 year ago	Much worse now than 1 year ago	

5. 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? (Check **one** answer on each line.)

	Yes, limited a lot	Yes, limited a little	No, not limited at all	Not Applicable	
A. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports?	(1)	(2)	(3)	(4)	phyftn1
B. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?	(1)	(2)	(3)	(4)	phyftn2
C. Lifting or carrying groceries?	(1)	(2)	(3)	(4)	phyftn3
D. Climbing <u>several</u> flights of stairs?	(1)	(2)	(3)	(4)	phyftn4
E. Climbing <u>one</u> flight of stairs?	(1)	(2)	(3)	(4)	phyftn5
F. Bending, kneeling, or stooping?	(1)	(2)	(3)	(4)	phyftn6
G. Walking <u>more than a mile</u> ?	(1)	(2)	(3)	(4)	phyftn7
H. Walking <u>several blocks</u> ?	(1)	(2)	(3)	(4)	phyftn8
I. Walking <u>one block</u> ?	(1)	(2)	(3)	(4)	phyftn9
J. Bathing or dressing yourself?	(1)	(2)	(3)	(4)	phyftn10

6. 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** answer on each line.)

	Yes	No	
A. Cut down on the amount of time you spent on work or other activities	(1)	(2)	phyhlt1
B. Accomplished less than you would like	(1)	(2)	phyhlt2
C. Were limited in the kind of work or other activities	(1)	(2)	phyhlt3
D. Had difficulty performing the work or other activities (for example, it took extra effort)	(1)	(2)	phyhlt4

7. 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** answer on each line.)

	Yes	No	
A. Cut down on the <u>amount of time</u> you spent on work or other activities	(1)	(2)	emotpb1
B. <u>Accomplished less</u> than you would like	(1)	(2)	emotpb2
C. Didn't do work or other activities as <u>carefully</u> as usual	(1)	(2)	emotpb3

8. 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** answer.)

(1)	(2)	(3)	(4)	(5)	painnsa
Not at all	Slightly	Moderately	Quite a bit	Extremely	

9. How much bodily pain have you had during the past 4 weeks? (Check **one** answer.)

(1)	(2)	(3)	(4)	(5)	(6)	painbody
None	Very Mild	Mild	Moderate	Severe	Very Severe	

10. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? (Check **one** answer.)

(1)	(2)	(3)	(4)	(5)	painwrk
Not at all	Slightly	Moderately	Quite a bit	Extremely	

11. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks ... (Check **one** answer on each line.)

	All of the Time	Most of the Time	A Good bit of 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)	anxiety1
B. Have you been a very nervous person?	(1)	(2)	(3)	(4)	(5)	(6)	anxiety2
C. Have you felt so down in the dumps that nothing could cheer you up?	(1)	(2)	(3)	(4)	(5)	(6)	anxiety3
D. Have you felt calm and peaceful?	(1)	(2)	(3)	(4)	(5)	(6)	anxiety4
E. Did you have a lot of energy?	(1)	(2)	(3)	(4)	(5)	(6)	anxiety5
F. Have you felt down-hearted and blue?	(1)	(2)	(3)	(4)	(5)	(6)	anxiety6
G. Did you feel worn out?	(1)	(2)	(3)	(4)	(5)	(6)	anxiety7
H. Have you been a happy person?	(1)	(2)	(3)	(4)	(5)	(6)	anxiety8
I. Did you feel tired?	(1)	(2)	(3)	(4)	(5)	(6)	anxiety9

12. 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** answer.)

- | | | | | | |
|---------------------------|----------------------------|----------------------------|--------------------------------|----------------------------|----------------|
| (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 | hltsact |
|---------------------------|----------------------------|----------------------------|--------------------------------|----------------------------|----------------|

13. How true or false is each of the following statements for you? (Check **one** answer 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)	sickeasy
B. I am as healthy as anybody I know	(1)	(2)	(3)	(4)	(5)	hltgood
C. I expect my health to get worse	(1)	(2)	(3)	(4)	(5)	hltworst
D. My health is excellent	(1)	(2)	(3)	(4)	(5)	hltexcel

ADMINISTRATION

14. INTERVIEWER:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: ____ - ____

15. RESEARCH COORDINATOR:

A. SIGNATURE: _____

B. ACCESS STAFF NO.: ____ - ____

16. DATE FORM COMPLETED:

____ - ____ - ____
Month Day Year

FORM 18
ACCESS Questionnaire 18

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
	REV	I(1)	Form revision
	newid	F(5.1)	Patient ID
3	HEALTHGN	I(1)	General health 1=Excellent 2=Very good 3=Good 4=Fair 5=Poor
4	HEALTHNW	I(1)	Health compared to 1 yr ago 1=Much better now than 1 year ago 2=Somewhat better now than 1 year ago 3=About the same 4=Somewhat worse now than 1 year ago 5=Much worse now than 1 year ago
5a	PHYFTN1	I(1)	Vigorous activities 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all 4=Not applicable
5b	PHYFTN2	I(1)	Moderate activities 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5c	PHYFTN3	I(1)	Lifting or carrying groceries 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5d	PHYFTN4	I(1)	Climbing several flights 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5e	PHYFTN5	I(1)	Climbing one flight 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5f	PHYFTN6	I(1)	Bending, kneeling, stooping 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable

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<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
5g	PHYFTN7	I(1)	Walking > 1 mile 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all 4=Not applicable
5h	PHYFTN8	I(1)	Walking several blocks 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5i	PHYFTN9	I(1)	Walking one block 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all or Not applicable
5j	PHYFTN10	I(1)	Bathing or dressing 1=Yes, limited a lot 2=Yes, limited a little 3=No, not limited at all 4=Not applicable
6a	PHYHLT1	I(1)	Cut down time for work 1=Yes 2=No
6b	PHYHLT2	I(1)	Accomplished less 1=Yes 2=No
6c	PHYHLT3	I(1)	Limited in kind of work 1=Yes 2=No
6d	PHYHLT4	I(1)	Difficulty in doing work 1=Yes 2=No
7a	EMOTPB1	I(1)	Cut down time for work 1=Yes 2=No
7b	EMOTPB2	I(1)	Accomplished less 1=Yes 2=No
7c	EMOTPB3	I(1)	Didn't work as carefully 1=Yes 2=No
8	PAINNSA	I(1)	Interfered w/ social activities 1=Not at all 2=Slightly 3=Moderately 4=Quite a bit 5=Extremely

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<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
9	PAINBODY	I(1)	Bodily pain in past 4 weeks 1=None 2=Very mild 3=Mild 4=Moderate 5=Severe or Very severe
10	PAINWRK	I(1)	Pain interfered with work 1=Not at all 2=A little bit 3=Moderately 4=Quite a bit 5=Extremely
11a	ANXITY1	I(1)	Feel full of pep 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11b	ANXITY2	I(1)	Very nervous person 1=All or Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11c	ANXITY3	I(1)	Down in the dumps 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11d	ANXITY4	I(1)	Calm and peaceful 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11e	ANXITY5	I(1)	Have a lot of energy 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time

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<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
11f	ANXITY6	I(1)	Down hearted and blue 1=All or Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11g	ANXITY7	I(1)	Feel worn out 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
11h	ANXITY8	I(1)	Have been a happy person 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time or None of the time
11i	ANXITY9	I(1)	Feel tired 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
12	HLTSACT	I(1)	Interfered w/ social activities 1=All of the time 2=Most of the time 3=A good bit of the time 4=Some of the time 5=A little of the time 6=None of the time
13a	SICKEASY	I(1)	Get sick easier than others 1=Definitely true 2=Mostly true 3=Don't know 4=Mostly False 5=Definitely False

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<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
13b	HLTGOOD	I(1)	Healthy as anybody else 1=Definitely true 2=Mostly true 3=Don't know 4=Mostly False 5=Definitely False
13c	HLTWORST	I(1)	Expect health to get worse 1=Definitely or Mostly true 3=Don't know 4=Mostly False 5=Definitely False
13d	HLTEXCEL	I(1)	Health is excellent 1=Definitely true 2=Mostly true 3=Don't know 4=Mostly False 5=Definitely False