

Acrostic:

ACT HRQL Form

We are interested in your opinions about your health and activities. Below are several questions about experiences that people may have day to day. Please read each question carefully and mark the one box that best describes you. There are no right or wrong answers.

THE FOLLOWING QUESTIONS ASK ABOUT YOUR HEALTH AND DAILY ACTIVITIES.

1. During the past 4 weeks, on how many days did health problems cause you to do the following (for each question, please write in the number of days in the blank. Use a '0' if your answer is no days):

- a. Stay in bed all or most of the day? **STAYBED** _____ Days in past 4 weeks
- b. Cut down on your usual activities all or most of the day **CUTDOWN** _____ Days in past 4 weeks
- c. Feel less well than usual for all or most of the day **LESSWELL** _____ Days in past 4 weeks

2. In general, would you say your health is: **HEALTH**

- Excellent Very good Good Fair Poor

3. Compared to one year ago, how would you rate your health in general now? **HEALTH1**

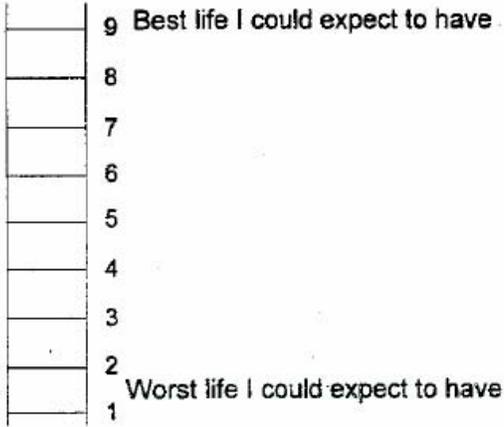
- Much better now Somewhat better now About the same Somewhat worse Much worse

Please turn to the next page.

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THE FOLLOWING QUESTIONS ARE ABOUT YOUR QUALITY OF LIFE.

4. Here is a picture of a ladder. At the bottom of the ladder is the worst situation you might reasonably expect to have. At the top is the best you might expect to have. The other rungs are in between. Please circle the number that best describes your overall life satisfaction during the past 4 weeks? **LIFE4**



IN THE PAST 4 WEEKS, HOW SATISFIED HAVE YOU BEEN WITH. .	Very Dissatisfied	Somewhat Dissatisfied	A little Dissatisfied	Neither	A Little Satisfied	Somewhat Satisfied	Very Satisfied
5. how well you think and remember? THINK							
6. the amount of walking you do? AMT_WALK							
7. how often you get outside the house, going into town, using public transportation or driving? GET_OUT							
8. how often you see or talk to your family and friends? FAM_SEE							
9. the help you give to your family and friends? FAM_HELP							
10. your contribution to your community, neighborhood, religious or other group? CONTRIB							
11. your retirement or current job? RETIRWRK							
12. the kind and amount of recreation or leisure you have? LEISURE							

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IN THE PAST 4 WEEKS, HOW SATISFIED HAVE YOU BEEN WITH. .	Very Dissatisfied	Somewhat Dissatisfied	A little Dissatisfied	Neither	A Little Satisfied	Somewhat Satisfied	Very Satisfied
13. your level of sexual activity or lack of sexual activity? SEXUAL							
14. how respected you are by others? RESPECT							
15. the meaning and purpose of your life? MEANLIFE							
16. the amount of variety in your life? AMT_VAR							
17. the amount and kind of sleep you get? AMTSLEEP							
18. how happy you are? HOWHAPPY							
19. your overall level of physical fitness? PHYSFIT							
20. the muscle strength in your legs? LEG							
21. your level of endurance or stamina? STAMINA							
22. your muscle tone? TONE							
23. your overall level of energy? ENERGY							
24. your physical ability to do what you want or need to do? PHYSICAL							
25. your weight? WEIGHT							
26. your shape? SHAPE							
27. your overall physical appearance? APPEAR							

BELOW ARE SOME STATEMENTS THAT PEOPLE MAY USE TO DESCRIBE THEMSELVES. FOR EACH ITEM, PLEASE CHECK THE ONE ANSWER THAT DESCRIBES HOW YOU GENERALLY FEEL.

IN THE PAST 4 WEEKS, HOW MUCH OF THE TIME HAVE YOU. . .	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
28. been upset because of something that happened unexpectedly? UPSET						
29. felt that you were unable to control the important things in your life? IMPORT						
30. felt nervous and "stressed"? NERVOUS						

Please turn to the next page.

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IN THE PAST 4 WEEKS, HOW MUCH OF THE TIME HAVE YOU . . .	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
31. dealt successfully with irritating life hassles? HASSLES						
32. felt that you were effectively coping with important changes that were occurring in your life? CHANGES						
33. felt confident about your ability to handle your personal problems? PERSPROB						
34. felt that things were going your way? YOUR_WAY						
35. found that you could not cope with all the things that you had to do? NOT_COPE						
36. been able to control irritations in your life? IRRITATE						
37. felt that you are on top of things? ON_TOP						
38. been angered because of things that happened that were outside of your control? OUT_CTRL						
39. found yourself thinking about things that you have to accomplish? ACCOMP						
40. been able to control the way you spend your time? SPNDTIME						
41. felt difficulties were piling up so high that you could not overcome them? OVERCOME						

THE NEXT TWO QUESTIONS ASK ABOUT ANY BODILY PAIN YOU MAY HAVE EXPERIENCED.

42. During the past four weeks, how much bodily pain have you had? **BODYPAIN**

- None
 Very Mild
 Mild
 Moderate (Medium)
 Severe
 Very Severe

43. During the past four weeks, how much did pain interfere with your normal work (both outside your home and at home)? **PAINWORK**

- Not at all
 A little bit
 Moderately (Medium)
 Quite a bit
 Extremely

THE FOLLOWING QUESTIONS ASK ABOUT YOUR THOUGHTS AND FEELINGS.

44. Over the past WEEK to what extent have you felt each of the following moods (check one answer for each item a through l).

	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. Refreshed REFRESH						
b. Calm CALM						
c. Fatigued FATIGUE						
d. Enthusiastic ENTHUS						
e. Relaxed RELAX						
f. Energetic ENERGET						
g. Happy HAPPYT						
h. Tired TIRED						
i. Revived REVIVE						
j. Peaceful PEACE						
k. Worn-out WORN						
l. Upbeat UPBEAT						

FOR EACH GROUP OF STATEMENTS BELOW, PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR FEELINGS IN THE PAST WEEK. (CHECK ONE)

45. **SAD1** I do not feel sad.
 SAD2 I feel sad.
 SAD3 I am sad all the time and I can't snap out of it.
 SAD4 I am so sad or unhappy that I can't stand it.
46. **FUTURE1** am not particularly discouraged about the future.
 FUTURE2 feel discouraged about the future.
 FUTURE3 feel I have nothing to look forward to.
 FUTURE4 feel that the future is hopeless and that things cannot improve.

Please turn to the next page.

47. **FAILURE1** I do not feel like a failure.
FAILURE2 I feel I have failed more than the average person.
FAILURE3 As I look back on my life, all I can see is a lot of failures.
FAILURE4 I feel I am a complete failure as a person.
48. **SATISFY1** I get as much satisfaction out of things as I used to.
SATISFY2 I don't enjoy things the way I used to.
SATISFY3 I don't get real satisfaction out of anything anymore.
SATISFY4 I am dissatisfied or bored with everything.
49. **GUILTY1** I don't feel particularly guilty.
GUILTY2 I feel guilty a good part of the time.
GUILTY3 I feel quite guilty most of the time.
GUILTY4 I feel guilty all of the time.
50. **PUNISH1** I don't feel I am being punished.
PUNISH2 I feel I may be punished.
PUNISH3 I expect to be punished.
PUNISH4 I feel I am being punished.
51. **HATE1** I don't feel disappointed in myself.
HATE2 I am disappointed in myself.
HATE3 I am disgusted with myself.
HATE4 I hate myself.
52. **BLAME1** I don't feel I am worse than anybody else.
BLAME2 I am critical of myself for my weaknesses or mistakes.
BLAME3 I blame myself all the time for my faults.
BLAME4 I blame myself for everything bad that happens.
53. **KILL1** I don't have any thoughts of killing myself.
KILL2 I have thoughts of killing myself, but I would not carry them out.
KILL3 I would like to kill myself.
KILL4 I would kill myself if I had the chance.

54. **CRY1** I don't cry any more than usual.
CRY2 I cry more now than I used to.
CRY3 I cry all the time now.
CRY4 I used to be able to cry, but now I can't cry even though I want to.
55. **ANNOY1** I am no more irritated now than I ever am.
ANNOY2 I get annoyed or irritated more easily than I used to.
ANNOY3 I feel irritated all the time now.
ANNOY4 I don't get irritated at all by the things that used to irritate me.
56. **INTREST1** I have not lost interest in other people.
INTREST2 I am less interested in other people than I used to be.
INTREST3 I have lost most of my interest in other people.
INTREST4 I have lost all of my interest in other people.
57. **DECIDE1** I make decisions about as well as I ever could.
DECIDE2 I put off making decisions more than I used to.
DECIDE3 I have greater difficulty in making decisions than before.
DECIDE4 I can't make decisions at all any more.
58. **LOOK1** I don't feel I look any worse than I used to.
LOOK2 I am worried that I am looking old or unattractive.
LOOK3 I feel that there are permanent changes in my appearance that make me look unattractive.
LOOK4 I believe that I look ugly.
59. **EFFORT1** I can work about as well as before.
EFFORT2 It takes an extra effort to get started at doing something.
EFFORT3 I have to push myself very hard to do anything.
EFFORT4 I can't do any work at all.
60. **SLEEP1** I can sleep as well as usual.
SLEEP2 I don't sleep as well as I used to.
SLEEP3 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.
SLEEP4 I wake up several hours earlier than I used to and cannot get back to sleep.

Please turn to the next page.

61. **TIRE1** I don't get more tired than usual.
 TIRE2 I get tired more easily than I used to.
 TIRE3 I get tired from doing almost anything.
 TIRE4 I am too tired to do anything.

62. **APPTITE1** My appetite is no worse than usual.
 APPTITE2 My appetite is not as good as it used to be.
 APPTITE3 My appetite is much worse now.
 APPTITE4 I have no appetite at all anymore.

63. **POUNDS1** I haven't lost much weight, if any, lately.
 POUNDS2 I have lost more than 5 pounds.
 POUNDS3 I have lost more than 10 pounds.
 POUNDS4 I have lost more than 15 pounds.

I am purposely trying to lose weight by eating less. Yes No **EAT**

64. **WORRY1** I am no more worried about my health than usual.
 WORRY2 I am worried about physical problems such as aches and pains, or upset stomach, or constipation.
 WORRY3 I am very worried about physical problems and it's hard to think of much else.
 WORRY4 I am so worried about my physical problems that I cannot think about anything else.

65. **SEX1** I have not noticed any recent change in my interest in sex.
 SEX2 I am less interested in sex than I used to be.
 SEX3 I am much less interested in sex now.
 SEX4 I have lost interest in sex completely.

Thank you, this is the end of the Health Related Quality of Life Questionnaire. Please turn to the next page and complete the Influences of Activity Questionnaire.

