SICKNESS IMPACT PROFILE*

Clinical Study of IPPB

Form [7 3 0 0] 1-4

Date administered [ ] [ ] [ ] 5-10
Mo Day Yr

A. PATIENT IDENTIFICATION

1. Treatment center number [ ] 11
2. Patient number [ ][ ][ ][ ] 12-15
3. Date of birth [ ] [ ] [ ] 16-21
Mo Day Yr
4. Month number (0-36) [ ][ ] 22-23

B. PLEASE RESPOND TO ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

	NO	YES	UNK	
1. I spend much of the day lying down in order to rest.	1	2	3	30
2. I sit during much of the day.	1	2	3	31
3. I am sleeping or dozing most of the time - day and night.	1	2	3	32
4. I lie down more often during the day in order to rest.	1	2	3	33
5. I sit around half-asleep.	1	2	3	34
6. I sleep less at night, for example, wake up too early, don't fall asleep for a long time, awaken frequently.	1	2	3	35
7. I sleep or nap more during the day.	1	2	3	36

C. PLEASE RESPOND TO ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

	NO	YES	UNK	
1. I say how bad or useless I am, for example, that I am a burden on others.	1	2	3	37
2. I laugh or cry suddenly.	1	2	3	38
3. I often moan and groan in pain or discomfort.	1	2	3	39
4. I have attempted suicide.	1	2	3	40
5. I act nervous or restless.	1	2	3	41
6. I keep rubbing or holding areas of my body that hurt or are uncomfortable.	1	2	3	42
7. I act irritable and impatient with myself, for example, talk badly about myself, swear at myself, blame myself for things that happen.	1	2	3	43
8. I talk about the future in a hopeless way.	1	2	3	44
9. I get sudden frights.	1	2	3	45

**Read the 'Instructions to the Respondent' to the subject before starting the questionnaire. Check YES if the subject is sure that the item describes him, NO if he is not, and UNK if the subject cannot understand an item or refuses to consider it.*

D. PLEASE RESPOND TO ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

	NO	YES	UNK	
1. I make difficult moves with help, for example, getting into or out of cars, bathtubs.	1	2	3	46
2. I do not move into or out of bed or chair by myself but am moved by a person or mechanical aid.	1	2	3	47
3. I stand only for short periods of time.	1	2	3	48
4. I do not maintain balance.	1	2	3	49
5. I move my hands or fingers with some limitation or difficulty.	1	2	3	50
6. I stand up only with someone's help.	1	2	3	51
7. I kneel, stoop, or bend down only by holding on to something.	1	2	3	52
8. I am in a restricted position all the time.	1	2	3	53
9. I am very clumsy in body movements.	1	2	3	54
10. I get in and out of bed or chairs by grasping something for support or using a cane or walker.	1	2	3	55
11. I stay lying down most of the time.	1	2	3	56
12. I change position frequently.	1	2	3	57
13. I hold on to something to move myself around in bed.	1	2	3	58
14. I do not bathe myself completely, for example, require assistance with bathing.	1	2	3	59
15. I do not bathe myself at all, but am bathed by someone else.	1	2	3	60
16. I use bedpan with assistance.	1	2	3	61
17. I have trouble getting shoes, socks, or stockings on.	1	2	3	62
18. I do not have control of my bladder.	1	2	3	63
19. I do not fasten my clothing, for example, require assistance with buttons, zippers, shoelaces	1	2	3	64
20. I spend most of the time partly undressed or in pajamas.	1	2	3	65
21. I do not have control of my bowels.	1	2	3	66
22. I dress myself, but do so very slowly.	1	2	3	67
23. I get dressed only with someone's help.	1	2	3	68

E. THIS GROUP OF STATEMENTS HAS TO DO WITH ANY WORK YOU USUALLY DO IN CARING FOR YOUR HOME OR YARD. CONSIDERING JUST THOSE THINGS THAT YOU DO, PLEASE RESPOND TO ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

	NO	YES	UNK	
1. I do work around the house only for short periods of time or rest often.	1	2	3	69
2. I am doing less of the regular daily work around the house than I would usually do.	1	2	3	70
3. I am not doing any of the regular daily work around the house that I would usually do.	1	2	3	71
4. I am not doing any of the maintenance or repair work that I would usually do in my home or yard.	1	2	3	72

	NO	YES	UNK	
5. I am not doing <u>any</u> of the shopping that I would usually do.	1	2	3	73
6. I am not doing <u>any</u> of the house cleaning that I would usually do.	1	2	3	74
7. I have difficulty doing handwork, for example, turning faucets, using kitchen gadgets, sewing, carpentry.	1	2	3	75
8. I am not doing <u>any</u> of the clothes washing that I would usually do.	1	2	3	76
9. I am not doing heavy work around the house.	1	2	3	77
10. I have given up taking care of personal or household business affairs, for example, paying bills, banking, working on budget.	1	2	3	78

F. PLEASE RESPOND TO <u>ONLY</u> THOSE STATEMENTS THAT YOU ARE <u>SURE</u> DESCRIBE YOU TODAY <u>AND</u> ARE RELATED TO YOUR STATE OF <u>HEALTH</u>.

	NO	YES	UNK	
1. I am getting around only within one building.	1	2	3	79
2. I stay within one room.	1	2	3	80
3. I am staying in bed more.	1	2	3	81
4. I am staying in bed most of the time.	1	2	3	82
5. I am not now using public transportation.	1	2	3	83
6. I stay home most of the time.	1	2	3	84
7. I am only going to places with restrooms nearby.	1	2	3	85
8. I am not going into town.	1	2	3	86
9. I stay away from home only for brief periods of time.	1	2	3	87
10. I do not get around in the dark or in unlit places without someone's help.	1	2	3	88

G. PLEASE RESPOND TO <u>ONLY</u> THOSE STATEMENTS THAT YOU ARE <u>SURE</u> DESCRIBE YOU TODAY <u>AND</u> ARE RELATED TO YOUR STATE OF <u>HEALTH</u>.

	NO	YES	UNK	
1. I am going out less to visit people.	1	2	3	89
2. I am not going out to visit people at all.	1	2	3	90
3. I show less interest in other people's problems, for example, don't listen when they tell me about their problems, don't offer to help.	1	2	3	91
4. I often act irritable toward those around me, for example, snap at people, give sharp answers, criticize easily.	1	2	3	92
5. I show less affection.	1	2	3	93
6. I am doing fewer social activities with groups of people.	1	2	3	94
7. I am cutting down the length of visits with friends.	1	2	3	95
8. I am avoiding social visits from others.	1	2	3	96
9. My sexual activity is decreased.	1	2	3	97
10. I often express concern over what might be happening to my health.	1	2	3	98
11. I talk less with those around me.	1	2	3	99

	NO	YES	UNK	
12. I make many demands, for example, insist that people do things for me, tell them how to do things.	1	2	3	100
13. I stay alone much of the time.	1	2	3	101
14. I act disagreeable to family members, for example, I act spiteful, I am stubborn.	1	2	3	102
15. I have frequent outbursts of anger at family members, for example, strike at them, scream, throw things at them.	1	2	3	103
16. I isolate myself as much as I can from the rest of the family.	1	2	3	104
17. I am paying less attention to the children.	1	2	3	105
18. I refuse contact with family members, for example, turn away from them.	1	2	3	106
19. I am not doing the things I usually do to take care of my children or family.	1	2	3	107
20. I am not joking with family members as I usually do.	1	2	3	108

H. PLEASE RESPOND TO ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

	NO	YES	UNK	
1. I walk shorter distances or stop to rest often.	1	2	3	109
2. I do not walk up or down hills.	1	2	3	110
3. I use stairs only with mechanical support, for example, handrail, cane, crutches.	1	2	3	111
4. I walk up or down stairs only with assistance from someone else.	1	2	3	112
5. I get around in a wheelchair.	1	2	3	113
6. I do not walk at all.	1	2	3	114
7. I walk by myself but with some difficulty, for example, limp, wobble, stumble, have stiff leg.	1	2	3	115
8. I walk only with help from someone.	1	2	3	116
9. I go up or down stairs more slowly, for example, one step at a time, stop often.	1	2	3	117
10. I do not use stairs at all.	1	2	3	118
11. I get around only by using a walker, crutches, cane, walls, or furniture.	1	2	3	119
12. I walk more slowly.	1	2	3	120

I. PLEASE RESPOND TO ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

	NO	YES	UNK	
1. I am confused and start several actions at a time.	1	2	3	121
2. I have more minor accidents, for example, drop things, trip and fall, bump into things.	1	2	3	122
3. I react slowly to things that are said or done.	1	2	3	123
4. I do not finish things I start.	1	2	3	124
5. I have difficulty reasoning and solving problems, for example, making plans, making decisions, learning new things.	1	2	3	125

	NO	YES	UNK	
6. I sometimes behave as if I were confused or disoriented in place or time, for example, where I am, who is around, directions, what day it is.	1	2	3	126
7. I forget a lot, for example, things that happened recently, where I put things, appointments.	1	2	3	127
8. I do not keep my attention on any activity for long.	1	2	3	128
9. I make more mistakes than usual.	1	2	3	129
10. I have difficulty doing activities involving concentration and thinking.	1	2	3	130

J. PLEASE RESPOND TO ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

	NO	YES	UNK	
1. I am having trouble writing or typing.	1	2	3	131
2. I communicate mostly by gestures, for example, moving head, pointing, sign language.	1	2	3	132
3. My speech is understood only by a few people who know me well.	1	2	3	133
4. I often lose control of my voice when I talk, for example, my voice gets louder or softer, trembles, changes unexpectedly.	1	2	3	134
5. I don't write except to sign my name.	1	2	3	135
6. I carry on a conversation only when very close to the other person or looking at him.	1	2	3	136
7. I have difficulty speaking, for example, get stuck, stutter, stammer, slur my words.	1	2	3	137
8. I am understood with difficulty.	1	2	3	138
9. I do not speak clearly when I am under stress.	1	2	3	139

K. THE NEXT GROUP OF STATEMENTS HAS TO DO WITH ANY WORK YOU USUALLY DO OTHER THAN MANAGING YOUR HOME. BY THIS WE MEAN ANYTHING THAT YOU REGARD AS WORK THAT YOU DO ON A REGULAR BASIS.

	NO	YES	
1. Do you usually do work other than managing your home?	1	2	140
If YES, SKIP to Section L.			
If NO:			
2. Are you retired?	1	2	141
3. If you are retired, was your retirement related to your health?	1	2	142
4. If you are not retired, but are not working is this related to your health?	1	2	143
SKIP to Section M.			

L. NOW CONSIDER THE WORK YOU DO AND RESPOND TO ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH. (IF TODAY IS A SATURDAY OR SUNDAY OR SOME OTHER DAY THAT YOU WOULD USUALLY HAVE OFF, PLEASE RESPOND AS IF TODAY WERE A WORKING DAY.)

	NO	YES	UNK	
1. I am not working at all (If you checked YES to this statement, SKIP to the next Section.)	1	2	3	144
2. I am doing part of my job at home.	1	2	3	145
3. I am not accomplishing as much as usual at work.	1	2	3	146

	NO	YES	UNK	
4. I often act irritable toward my work associates, for example, snap at them, give sharp answers, criticize easily.	1	2	3	147
5. I am working shorter hours.	1	2	3	148
6. I am doing only light work.	1	2	3	149
7. I work only for short periods of time or take frequent rests.	1	2	3	150
8. I am working at my usual job but with some changes, for example, using different tools or special aids, trading some tasks with other workers.	1	2	3	151
9. I do not do my job as carefully and accurately as usual.	1	2	3	152

M. THIS GROUP OF STATEMENTS HAS TO DO WITH ACTIVITIES YOU USUALLY DO IN YOUR FREE TIME. THESE ACTIVITIES ARE THINGS THAT YOU MIGHT DO FOR RELAXATION, TO PASS THE TIME, OR FOR ENTERTAINMENT. PLEASE RESPOND TO ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

	NO	YES	UNK	
1. I do my hobbies and recreation for shorter periods of time.	1	2	3	153
2. I am going out for entertainment less often.	1	2	3	154
3. I am cutting down on some of my usual inactive recreation and pastimes, for example, watching TV, playing cards, reading.	1	2	3	155
4. I am not doing any of my usual inactive recreation and pastimes, for example, watching TV, playing cards, reading.	1	2	3	156
5. I am doing more inactive pastimes in place of my other usual activities.	1	2	3	157
6. I am doing fewer community activities.	1	2	3	158
7. I am cutting down on some of my usual physical recreation or activities.	1	2	3	159
8. I am not doing any of my usual physical recreation or activities.	1	2	3	160

N. PLEASE RESPOND TO ONLY THOSE STATEMENTS THAT YOU ARE SURE DESCRIBE YOU TODAY AND ARE RELATED TO YOUR STATE OF HEALTH.

	NO	YES	UNK	
1. I am eating much less than usual.	1	2	3	161
2. I feed myself but only by using specially prepared food or utensils.	1	2	3	162
3. I am eating special or different food, for example, soft food, bland diet, low-salt, low-fat, low-sugar.	1	2	3	163
4. I eat no food at all but am taking fluids.	1	2	3	164
5. I just pick or nibble at my food.	1	2	3	165
6. I am drinking less fluids.	1	2	3	166
7. I feed myself with help from someone else.	1	2	3	167
8. I do not feed myself at all, but must be fed.	1	2	3	168
9. I am eating no food at all, nutrition is taken through tubes or intravenous fluids.	1	2	3	169

O. Person responsible for the information recorded on this form:

_____ Date _____