

# SOLVD

## QUALITY OF LIFE FORM

### COVER SHEET

VERSION B / 9-1-1986

TEMP ID:

FORM:  S  O  L      VERSION:  B      VISIT:

**INSTRUCTIONS:**

This form is to be used at at Visit 3 (Randomization), Visit 5, Visit 8 (First Annual Visit) and the Closure visit. Fill out this cover sheet and attach to the SOLVD Quality of Life Form. Send a copy of both the cover sheet and the Quality of Life Form to the clinic center. Print clearly when entering a response in the appropriate boxes. See the SOLVD General Instructions for Completing Forms for details.

SOLVD QUALITY OF LIFE FORM COVER SHEET

**IDENTIFYING INFORMATION**

Date of visit:   /   /    
Month                  Day                  Year

B. Last Name:

C. First Name:

D. Middle Name:

**INITIALS OF PERSON COMPLETING THIS FORM**

E. Initials.....

PEOPLE'S HEALTH CAN EFFECT MANY ASPECTS OF THEIR LIVES, WE ARE INTERESTED IN HOW YOUR HEALTH IS AFFECTING YOUR LIFE. ON THE FOLLOWING PAGES ARE A NUMBER OF QUESTIONS ABOUT DIFFERENT AREAS OF YOUR LIFE. PLEASE READ EACH QUESTION CAREFULLY, AND THEN CIRCLE THE NUMBER NEXT TO THE STATEMENT YOU AGREE WITH MOST. SINCE THERE ARE NO RIGHT OR WRONG ANSWERS, USUALLY YOUR FIRST THOUGHT IS THE BEST. WE ARE INTERESTED IN HOW YOU FEEL ABOUT YOUR LIFE.

THE FIRST FOUR QUESTIONS ASK ABOUT HOW YOU FEEL ABOUT DIFFERENT AREAS OF YOUR LIFE. CIRCLE THE NUMBER ON THE LEFT NEXT TO THE STATEMENT THAT BEST DESCRIBES YOUR ANSWER TO THE QUESTION.

1. ALL THINGS CONSIDERED, HOW SATISFIED HAVE YOU BEEN WITH YOUR LIFE DURING THE LAST MONTH?

- 1 Extremely satisfied
- 2 Very satisfied most of the time
- 3 Generally satisfied
- 4 Sometimes fairly satisfied, sometimes fairly dissatisfied
- 5 Generally dissatisfied
- 6 Extremely dissatisfied

2. ALL THINGS CONSIDERED, HOW HAVE YOU BEEN WITH YOUR SOCIAL LIFE DURING THE LAST MONTH?

- 1 Very Satisfied
- 2 Fairly satisfied
- 3 Neutral or mixed feelings
- 4 Somewhat dissatisfied
- 5 Very dissatisfied

IF YOU HAVE A SPOUSE OR PARTNER, ANSWER QUESTIONS  
3 AND 4 BELOW.  
IF YOU **DO NOT** HAVE A SPOUSE OR PARTNER, **SKIP TO**  
**QUESTION 5 ON PAGE 3.**

3. ALL THINGS CONSIDERED, HOW SATISFIED HAVE YOU BEEN WITH YOUR  
RELATIONSHIP WITH YOUR SPOUSE OR PARTNER DURING THE LAST  
MONTH?

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neutral or mixed feelings
- 4 Somewhat dissatisfied
- 5 Very dissatisfied

4. ALL THINGS CONSIDERED, HOW SATISFIED HAVE YOU BEEN WITH YOUR  
SEXUAL RELATIONSHIP DURING THE LAST MONTH?

- 1 Very satisfied
- 2 Fairly satisfied
- 3 Neutral or mixed feelings
- 4 Somewhat dissatisfied
- 5 Very dissatisfied

PATIENTS LIKE YOURSELF ARE SOMETIMES CONCERNED ABOUT HOW THEIR MEDICAL CONDITION WILL AFFECT THE WAY THEY LIVE.

5. HAVE YOU TALKED WITH MEDICAL PEOPLE ABOUT THESE CONCERNS?

1 Yes

2 No

6. HAVE YOU TALKED WITH FAMILY OR FRIENDS ABOUT THESE CONCERNS?

1 Yes

2 No

Now we would like to ask a couple of questions about your social life during the past year.

7. DURING THE PAST YEAR WERE YOU A MEMBER OF ANY CLUB, SOCIAL ORGANIZATION, CHURCH OR SYNAGOGUE?

1 Yes

2 No

8. ABOUT HOW OFTEN WOULD YOU SAY YOU HAD FRIENDS OR RELATIVES VISIT YOU IN YOUR HOME?

1 About once a week or more

2 About once a month

3 Hardly ever

9. ABOUT HOW OFTEN DID YOU VISIT FRIENDS OR RELATIVES IN THEIR HOMES?

1 About once a week or more

2 About once a month

3 Hardly ever

THE NEXT FEW QUESTIONS ASK ABOUT YOUR FEELINGS. THE WORDS ON THE LEFT BELOW DESCRIBE SOME FEELINGS THAT PEOPLE HAVE. PLEASE READ EACH ONE CAREFULLY BUT DO NOT TAKE LONG ON ANY ITEM.

CIRCLE THE NUMBER TO THE RIGHT WHICH SHOWS HOW MUCH YOU FEEL THAT WAY TODAY. THE NUMBERS BELOW INDICATE THE FOLLOWING ANSWERS TO THE QUESTION.

- 0 = Not at all
- 1 = A little
- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

10. HOW MUCH DO YOU FEEL THIS WAY TODAY?

	Not at All	A Little	Moderately	Quite a Bit	Extremely
LIVELY.....	0	1	2	3	4
TENSE .....	0	1	2	3	4
UNHAPPY....	0	1	2	3	4
SORRY.....	0	1	2	3	4
CAREFREE...	0	1	2	3	4
SHAKY.....	0	1	2	3	4
SAD.....	0	1	2	3	4
CHEERFUL...	0	1	2	3	4
ON EDGE....	0	1	2	3	4
BLUE.....	0	1	2	3	4
PANICKY....	0	1	2	3	4
HOPELESS...	0	1	2	3	4
RELAXED....	0	1	2	3	4
UNWORTHY...	0	1	2	3	4
ACTIVE.....	0	1	2	3	4

CIRCLE THE NUMBER TO THE RIGHT WHICH SHOWS HOW MUCH YOU FEEL THAT WAY TODAY. THE NUMBERS BELOW INDICATE THE FOLLOWING ANSWERS TO THE QUESTION.

- 0 = Not at all
- 1 = A little
- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

	Not at All	A Little	Moderately	Quite a Bit	Extremely
UNEASY.....	0	1	2	3	4
ALERT.....	0	1	2	3	4
RESTLESS...	0	1	2	3	4
DISCOURAGED	0	1	2	3	4
LONELY.....	0	1	2	3	4
NERVOUS....	0	1	2	3	4
FULL OF PEP	0	1	2	3	4
MISERABLE..	0	1	2	3	4
ANXIOUS....	0	1	2	3	4
ENERGETIC..	0	1	2	3	4
GLOOMY.....	0	1	2	3	4
DESPERATE..	0	1	2	3	4
HELPLESS...	0	1	2	3	4
WORTHLESS..	0	1	2	3	4
TERRIFIED..	0	1	2	3	4
GUILTY.....	0	1	2	3	4
VIGOROUS...	0	1	2	3	4

NOW GO TO THE NEXT PAGE

LISTED BELOW ARE SOME UNPLEASANT THINGS THAT SOMETIMES HAPPEN TO PEOPLE. PLEASE TRY TO THINK BACK OVER THE PAST YEAR TO REMEMBER IF ANY OF THESE THINGS HAPPENED TO YOU OR TO OTHER FAMILY MEMBERS OR FRIENDS.

11. WAS THERE A DEATH OR SERIOUS ILLNESS OF A CLOSE FRIEND OR RELATIVE?

1 Yes      2 No      (If No, skip to Question 12)

If yes, would you say that this upset you:

- 1 Very Much
- 2 Moderately
- 3 Not too much

12. WAS THERE ANY MAJOR FINANCIAL DIFFICULTY?

1 Yes      2 No      (If No, skip to Question 13)

If yes, would you say that this upset you:

- 1 Very Much
- 2 Moderately
- 3 Not too much

13. ANY DIVORCE OR BREAK-UP INVOLVING FAMILY MEMBERS OR CLOSE FRIENDS?

1 Yes      2 No      (If No, skip to Question 14)

If yes, would you say that this upset you:

- 1 Very Much
- 2 Moderately
- 3 Not too much



14. ANY MAJOR CONFLICT WITH CHILDREN OR GRANDCHILDREN?

1 Yes    2 No    (If No, skip to Question 15)

If yes, would you say that this upset you:

1 Very Much

2 Moderately

3 Not too much

15. ANY MUGGINGS, ROBBERIES, ACCIDENTS OR SIMILAR EVENTS?

1 Yes    2 No    (If No, skip to Question 16)

If yes, would you say that this upset you:

1 Very Much

2 Moderately

3 Not too much

NOW GO TO THE NEXT PAGE

NOW WE WANT TO ASK YOU SOME QUESTIONS ABOUT YOUR HEALTH IN GENERAL. CIRCLE ONLY ONE NUMBER INDICATING YOUR ANSWER.

16. DID YOU FEEL HEALTHY ENOUGH TO CARRY OUT THE THINGS YOU LIKE TO DO OR HAD TO DO DURING THE LAST MONTH?

- 1 Yes - definitely so
- 2 For the most part
- 3 Health problems limited me in some important ways
- 4 I was only healthy enough to take care of myself
- 5 I needed some help in taking care of myself
- 6 I needed someone to help me with most or all of the things I had to do

17. IN GENERAL, WOULD YOU SAY THAT YOUR HEALTH IS:

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair
- 5 Poor

THE NEXT FOUR QUESTIONS ASK ABOUT SYMPTOMS THAT YOU HAVE BEEN EXPERIENCING.

18. HOW OFTEN DID YOU HAVE PERIODS OF DIZZINESS DURING THE LAST MONTH?

- 1 Every day
- 2 Several days a week
- 3 About once a week
- 4 2 or 3 times a month
- 5 About once a month
- 6 Not at all

19. HOW OFTEN DID YOU HAVE PERIODS OF SHORTNESS OF BREATH DURING THE LAST MONTH?

- 1 Every day
- 2 Several days a week
- 3 About once a week
- 4 2 or 3 times a month
- 5 About once a month
- 6 Not at all

20. HOW OFTEN DID YOU HAVE PERIODS OF CHEST PAIN DURING THE LAST MONTH?

- 1 Every day
- 2 Several days a week
- 3 About once a week
- 4 2 or 3 times a month
- 5 About once a month
- 6 Not at all

21. HOW OFTEN DID YOU HAVE PERIODS OF PAIN OTHER THAN CHEST PAIN DURING THE LAST MONTH?

- 1 Every day
- 2 Several days a week
- 3 About once a week
- 4 2 or 3 times a month
- 5 About once a month
- 6 Not at all

THIS GROUP OF QUESTIONS REFERS TO MANY TYPES OF PHYSICAL AND SOCIAL ACTIVITIES AND ASKS YOU HOW DIFFICULT IT WAS FOR YOU TO DO THEM ON THE AVERAGE LAST MONTH. BY DIFFICULT WE MEAN HOW HARD IT WAS OR HOW MUCH EFFORT IT TOOK TO DO THE ACTIVITY BECAUSE OF YOUR HEALTH.

CIRCLE THE NUMBER ON THE RIGHT UNDER THE STATEMENT THAT BEST DESCRIBES YOUR RESPONSE TO THE STATEMENT ON THE LEFT.

22. DURING THE LAST MONTH, HOW MUCH DIFFICULTY DID YOU HAVE?

	Usually Did With No Difficulty	Usually Did With Some Difficulty	Usually Did With Much Difficulty	Usually Did Not Do Because of Health	Usually Did Not Do For Other Reasons
a. Taking Care of yourself (eating, dressing or bathing)?	1	2	3	4	5
b. Moving in/out of bed or chair?	1	2	3	4	5
c. Walking several blocks?	1	2	3	4	5
c(a). Walking one block or climbing one flight of stairs?	1	2	3	4	5
d. Walking indoors, such as around your home?	1	2	3	4	5
e. Doing work around the house (cleaning, light yard work, home maintenance)?	1	2	3	4	5
f. Doing errands, such as grocery shopping?	1	2	3	4	5
g. Driving a car or using public transportation?	1	2	3	4	5
h. Visiting with relatives or friends?	1	2	3	4	5

	Usually Did With No Difficulty	Usually Did With Some Difficulty	Usually Did With Much Difficulty	Usually Did Not Do Because of Health	Usually Did Not Do For Other Reasons
--	---	---	---	---	---

i. Participating in community activities (religious services, social activities, volunteer work?

1	2	3	4	5
---	---	---	---	---

j. Taking care of other people such as family members?

1	2	3	4	5
---	---	---	---	---

k. Doing vigorous activities (running, lifting heavy objects, or participating in strenuous sports?

1	2	3	4	5
---	---	---	---	---

THE NEXT SERIES OF QUESTIONS ASKS YOU ABOUT YOUR WORK SITUATION.

YOU WILL NOT BE ANSWERING ALL THE QUESTIONS IN THIS SECTION, ONLY THE QUESTIONS THAT RELATE TO YOU.

23. WHAT STATEMENT ON THE RIGHT BEST DESCRIBES YOUR CURRENT WORK SITUATION? IF YOU ARE NOT CURRENTLY EMPLOYED, WHAT STATEMENT BEST DESCRIBES YOUR LAST JOB? (Circle only one)

- 1 Professional and/or technical
- 2 Managerial worker, own business, sales
- 3 Clerical, sales or similar work
- 4 Craftsperson or skilled worker
- 5 Semiskilled worker
- 6 Laborer (except farm)
- 7 Farmer
- 8 Member of the Armed Forces
- 9 Never worked
- 10 Other (please describe) \_\_\_\_\_

24. WHICH OF THE FOLLOWING STATEMENTS BEST DESCRIBES YOUR WORK SITUATION DURING THE LAST MONTH?

- 1 Working full-time
- 2 Working part-time

(Now answer Question 25 on Page 14)

- 3 Homemaker

(Now skip to Question 27 on Page 15)

- 4 Retired due to heart condition
- 5 Retired due to other reasons

(Now skip to Question 29 on Page 16)

- 6 Currently unemployed

(Now skip to Question 35 on Page 18)

25. DURING THE LAST MONTH, HOW MUCH OF THE TIME DID YOU...  
 (Answer a to f below)

	All of the Time	Most of the Time	Some of the Time	None of the Time
+ a. Do as much work as others in similar jobs?	1	2	3	4
- b. Work for short periods of time or take frequent rests because of your health?	1	2	3	4
+ c. Work your regular number of hours?	1	2	3	4
+ d. Do your job as carefully and accurately as others with similar jobs?	1	2	3	4
- e. Work at your usual job, but with some changes because of your health (use special equipment, trade tasks with other workers)?	1	2	3	4
- f. Fear losing your job because of your health?	1	2	3	4

26. ALL THINGS CONSIDERED, HOW SATISFIED HAVE YOU BEEN WITH YOUR JOB DURING THIS LAST MONTH?

- 1 Extremely satisfied
- 2 Very satisfied most of the time
- 3 Generally satisfied
- 4 Sometimes fairly satisfied, sometimes fairly dissatisfied
- 5 Generally dissatisfied
- 6 Extremely dissatisfied

IF YOU ARE WORKING FULL-TIME OR PART-TIME, YOU HAVE NOW FINISHED ANSWERING THE QUESTIONS ON YOUR WORK SITUATION. YOU SHOULD NOW SKIP TO QUESTION 35 ON PAGE 18.



ONLY IF YOU ARE A HOMEMAKER, SHOULD YOU ANSWER THE FOLLOWING TWO QUESTIONS.

27. DURING THE LAST MONTH, HOW MUCH OF THE TIME DID YOU...  
(Answer a to c below)

	All of the Time	Most of the Time	Some of the Time	None of the Time
a. Work your usual number of hours around the house?	1	2	3	4
b. Work for short periods of time or take frequent rests because of your health?	1	2	3	4
c. Work at your tasks with some changes because of your health? (clean less often than usual, ask family for more help than usual)	1	2	3	4

28. ALL THINGS CONSIDERED, HOW SATISFIED HAVE YOU BEEN WITH YOUR JOB AS A HOMEMAKER DURING THE LAST MONTH?

- 1 Extremely satisfied
- 2 Very satisfied most of the time
- 3 Generally satisfied
- 4 Sometimes fairly satisfied, sometimes fairly dissatisfied
- 5 Generally dissatisfied
- 6 Extremely dissatisfied

IF YOU ARE A HOMEMAKER, YOU HAVE NOW FINISHED THE SERIES OF QUESTIONS ABOUT YOUR WORK SITUATION AND YOU SHOULD NOW SKIP TO QUESTION 35 ON PAGE 18.

ONLY IF YOU ARE RETIRED, SHOULD YOU ANSWER THE FOLLOWING SERIES OF QUESTIONS THAT RELATE TO YOUR SITUATION.

29. WERE YOU FORCED TO RETIRE?

YES < >      NO < >      If you answered **No**, skip to question 31.

30. IF YOU WERE FORCED INTO EARLY RETIREMENT, CIRCLE THE NUMBER ON THE LEFT NEXT TO THE STATEMENT THAT BEST DESCRIBES YOUR REASON.

- 1 My employer told me to retire
- 2 I felt certain that my employer's encouragement for me to retire meant that I would not find the workinh conditions suitable if I remained
- 3 I was offered early retirement benefits that I could not resist
- 4 My spouse and family insisted that I retire early
- 5 My doctor told me to retire
- 6 I decided to retire because of poor health
- 7 Other, please describe -----

31. WOULD YOU SAY YOUR TIME WITHOUT WORK HAS BEEN?

- 1 More enjoyable than you expected
- 2 About what you expected
- 3 Less pleasant than you expected

32. HOW OLD WERE YOU WHEN YOU RETIRED? \_\_\_\_\_ YEARS

33. WOULD YOU SAY YOU ENJOYED YOUR WORK?

- 1 Very much
- 2 Moderately
- 3 Not very much

34. HOW DO YOU FEEL ABOUT BEING RETIRED MOST OF THE TIME?

- 1 Would prefer to be working if that were possible
- 2 Would rather be retired than working

IF YOU ARE RETIRED, YOU HAVE NOW FINISHED THE SECTION ON YOUR WORK SITUATION. NOW SKIP TO QUESTION 35 ON THE NEXT PAGE.

EVERYONE SHOULD ANSWER QUESTION 35 THAT ASKS ABOUT HOW YOU FEEL ABOUT YOUR LIFE IN GENERAL AT DIFFERENT TIMES.

35. 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 questions a to c below)

BEST POSSIBLE  
LIFE

10
9
8
7
6
5
4
3
2
1

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

PRESENT TIME (1 to 10) \_\_\_\_\_

b. On which step would you have stood five years ago?

FIVE YEARS AGO (1 TO 10) \_\_\_\_\_

WORST POSSIBLE  
LIFE

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

FIVE YEARS FROM NOW (1 to 10) \_\_\_\_\_

36. WHAT IS YOUR GENCER? < > Male < > Female

37. WHAT IS YOUR AGE? \_\_\_\_\_

38. WHAT IS THE HIGHEST GRADE YOU COMPLETED IN SCHOOL? \_\_\_\_\_

39. DO YOU HAVE ADDITIONAL COMMENTS THAT DID NOT FIT INTO THE QUESTIONS THAT WE ASKED? IF SO, PLEASE DESCRIBE HERE.

THANK YOU VERY MUCH FOR PARTICIPATING IN THIS STUDY. WE APPRECIATE YOUR TIME.

PLEASE TURN THIS FORM IN TO THE PERSON WHO GAVE IT TO YOU.