

INTRODUCTION TO FORM 26 – QUARTERLY QUALITY OF LIFE QUESTIONNAIRE

There were both English and Spanish quality of life instruments. Use the form version date (Question A4) to tell which instrument was used (07/15/95 and 01/15/96 versions are English; 12/15/95 version is Spanish). Questions B1-B9 are from Bozette et al (J Acquir Immunodef Syndr 1995; 8:253-65). Question B10 is from Smith et al (Qual Life Res 1997; 6:555-60). Questions B11 and B12 are from Margaret Chesney at University of California at San Francisco (personal communication).

QUARTERLY QUALITY OF LIFE QUESTIONNAIRE – FORM 26 QxQ

SECTION A -- GENERAL INFORMATION

The Quality of Life Questionnaire is available in both English and Spanish

The 12/15/95 version of Form 26 is the first version to have a Spanish Form. This QxQ applies to all the versions of Form 26.

- A1.** Affix the subject ID label. If label is not available, write the subject ID number in the space provided. If this is a multiple page form, affix an ID label or write the ID number on the top of each page in the space provided.
- A2.** Enter the visit number.
- A3.** Enter the subject's first initial in the first space provided, middle initial in the second space provided and last initial in the third space provided. If the subject does not have a middle name, enter the first initial in the first space provided, a "--" in the second space provided, and the last initial in the third space provided. If the person has a hyphenated last name or 2 last names, enter the initial of the first last name in the appropriate box
- A5.** Record the date that this form is completed.
- A6.** Enter the initials of the person completing Section A of this form. Enter the first initial in the first space provided, middle initial in the second space provided and last initial in the third space provided. If the person completing this section of the form does not have a middle name, enter the first initial in the first space provided, a "--" in the second space provided, and the last initial in the third space provided. If the person has a hyphenated last name or 2 last names, enter the initial of the first last name in the appropriate box.

SECTION B -- QUALITY OF LIFE

Ideally, this form should be self-administered by the patient (except for Section A). However, it may be necessary to read the questions to the patient, for example if administered over the phone. If the patient asks questions about items, try to help without leading the patient toward giving any particular response.

**VIRAL ACTIVATION TRANSFUSION STUDY (VATS)
FORM 26 -- QUARTERLY QUALITY OF LIFE QUESTIONNAIRE**

SECTION A TO BE COMPLETED BY CLINICAL COORDINATOR.

SECTION A -- GENERAL INFORMATION

A1. Subject ID: (ENTER ID NUMBER OR AFFIX LABEL AT THE RIGHT)

____ - ____ - ____ - ____

A2. Visit number:

__ __

A3. Subject initials:

__ . __ . __ .

A4. Form version:

0 1 / 1 5 / 9 6

A5. Today's date:

__ __ / __ __ / __ __

A6. Initials of person completing Section A:

__ . __ . __ .

SECTION B TO BE COMPLETED BY PATIENT.

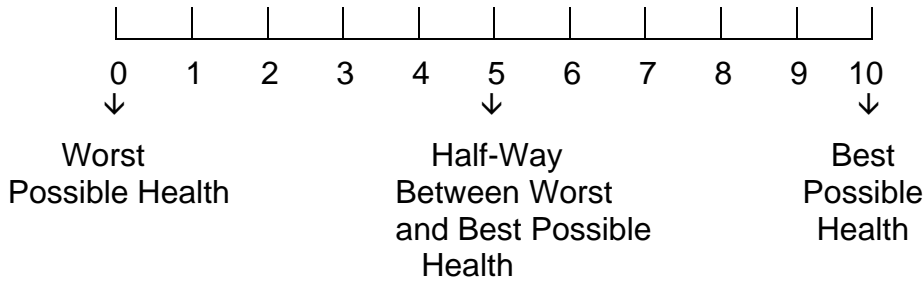
People's health can affect many aspects of their lives. We are interested in how your health is affecting your life. On the following pages are a number of questions about different areas of your life. Please read each question carefully. Since there are no right or wrong answers, usually your first thought is the best. We are interested in how you feel about your life.

SECTION B -- Quality of Life

B1. In general, would you say your health is: (Check one box)

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

B2. How would you rate your overall health? (Circle One Number)



B3. During the past 4 weeks, has your health kept you from working at a job, doing work around the house or going to school? (Check only one box)

- 1. Yes, for all of the time
- 2. Yes, for some of the time
- 3. No

B4. 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 only one box)

- 1. Not at all
- 2. Slightly.....
- 3. Moderately
- 4. Quite a bit
- 5. Extremely.....

B5. During the past 4 weeks, have you been unable to do certain kinds or amounts of work, housework or schoolwork because of your health? (Check only one box)

- 1. Yes, for all of the time
- 2. Yes, for some of the time
- 3. No

B6. During the past 4 weeks, how much did bodily pain interfere with normal work (including work outside the house and housework)? (Check only one box)

- 1. Not at all.....
- 2. Slightly
- 3. Moderately
- 4. Quite a bit.....
- 5. Extremely

B7. How much, if at all, does your health limit you in each of the following activities? (Check only one box in each line.)

How much does your health limit:	1. Limited a lot	2. Limited a little	3. Not limited at all
a. The kinds or amounts of <u>vigorous activities</u> you can do, like lifting heavy objects, running or participating in strenuous sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The kinds or amounts of <u>moderate activities</u> you can do, like moving a table or carrying groceries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Walking uphill or climbing a few flights of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eating, dressing, bathing or using the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B8. For each of the following questions, check the box for the one answer that comes closest to the way you have been feeling during the past 4 weeks. (Check one box in each line)

	1. <u>All of the time</u>	2. <u>Most of the time</u>	3. <u>A good bit of the time</u>	4. <u>Some of the time</u>	5. <u>A little of the time</u>	6. <u>None of the time</u>
	How much of the time during the <u>past 4 weeks</u> :					
a.						
	Has <u>your</u> physical health or emotional problems limited your social activities (like visiting with friends or close relatives)?					
b.						
	Did you have trouble keeping your attention on an activity for long?					
c.						
	Did you have difficulty reasoning and solving problems?					
d.						
	Have you felt calm and peaceful?					
e.						
	Have you felt downhearted and blue?					
f.						
	Did you feel tired?					
g.						
	Did you have enough energy to do the things you wanted to do?					
h.						
	Have you been happy?					
i.						
	Did you forget things that have happened?					

B9. How much bodily pain have you had during the past 4 weeks?
(Check only one box)

- 1. None
- 2. Very mild.....
- 3. Mild
- 4. Moderate
- 5. Severe
- 6. Very severe

B10. Below is a scale ranging from “never” to “always”. Please indicate how often each of these statements has been true for you in the past two weeks.
(Check one box in each line)

	1. <u>Never</u>	2. <u>Seldom</u>	3. <u>Some- times</u>	4. <u>About as often as not</u>	5. <u>Frequently</u>	6. <u>Very often</u>	7. <u>Always</u>
a. You felt needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You felt isolated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You have withdrawn from socializing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You lacked energy to socialize with friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You spent quality time with friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B11. The following is a list of physical symptoms of various kinds. Please indicate whether and to what extent you've experienced any of these symptoms during the past month. (Check one box in each line)

During the past month have you had:	1. <u>Not Present</u>	2. <u>Mild</u>	3. <u>Moderate</u>	4. <u>Severe</u>	5. <u>Very Severe</u>
a. Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Night sweats, shaking or chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Unintentional weight loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fatigue, tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B12. Many things in your day-to-day life can affect how you feel. Please read the list of words below and check the response for each that best describes how you've been feeling during the past month including today. (Check one box in each line)

	1. <u>Not at all</u>	2. <u>A Little</u>	3. <u>Moderately</u>	4. <u>Quite a bit</u>	5. <u>Extremely</u>
a. Irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worn out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to fill out this questionnaire.

END OF FORM

VIRAL ACTIVATION TRANSFUSION STUDY (VATS)
FORM 26 -- QUARTERLY QUALITY OF LIFE QUESTIONNAIRE

SECTION A TO BE COMPLETED BY CLINICAL COORDINATOR.

SECTION A -- GENERAL INFORMATION

- A1. Subject ID: (ENTER ID NUMBER OR AFFIX LABEL AT THE RIGHT)
- A2. Visit number: 0 0
- A3. Subject initials: . . .
- A4. Form version: 1 2 / 1 5 / 9 5
- A5. Today's date: / /
- A6. Initials of person completing Section A: . . .

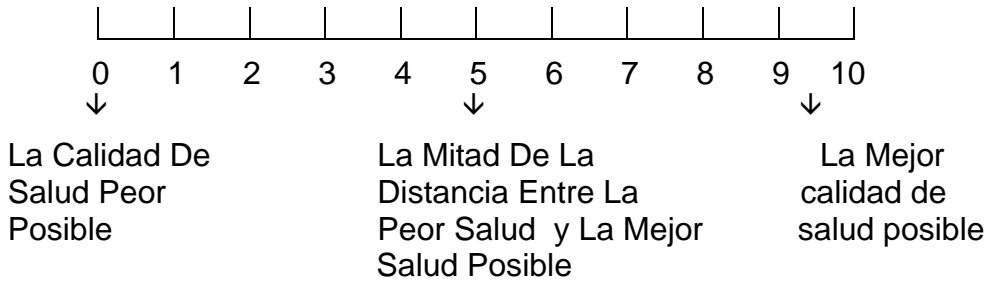
SECTION B TO BE COMPLETED BY PATIENT.

La salud de las personas puede afectar muchos aspectos de sus vidas. Nosotros estamos interesados en saber de qué manera su salud está afectando su vida. En las páginas siguientes encontrará varias preguntas que se refieren a distintas áreas de su vida. Por favor lea cada pregunta con mucho cuidado. Puesto que no existen respuestas correctas ni incorrectas, por lo general, lo primero que piense es lo mejor. Nos interesa saber cómo se siente acerca de su vida.

Sección B -- Calidad de Vida

- B1. En general, diría usted que su salud está: (Escoja un cuadrado)
- 1. Excelente.....
 - 2. Muy buena.....
 - 3. Buena
 - 4. Regular
 - 5. Mala.....

B2. General, ¿cómo evaluaría la calidad de su vida?
(Haga un circulo alrededor de sólo un número)



B3. Durante las últimas 4 semanas, ¿usted ha faltado al trabajo o a la escuela o no ha podido hacer trabajo en casa a causa de su estado de salud?
(Escoja un cuadrado solamente)

- 1. Si, durante todo el tiempo
- 2. Si, durante parte del tiempo
- 3. No

B4. Durante las últimas 4 semanas, ¿hasta qué punto ha impedido su salud física o problemas emocionales el participar en sus actividades normales sociales con familia, los amigos, los vecinos, o grupos? (Escoja un cuadrado solamente)

- 1. Ningún.....
- 2. Ligero.....
- 3. Moderado
- 4. Severo.....
- 5. Muy severo

B5. Durante las últimas 4 semanas, ¿usted no ha podido hacer ciertos tipos de o cierta cantidad de trabajo, quehaceres, o tarea escolar a causa de su estado de salud? (Escoja un cuadrado solamente)

- 1. Si, durante todo el tiempo
- 2. Si, durante parte del tiempo
- 3. No

B6. Durante las últimas 4 semanas, ¿hasta qué punto impidió un dolor de cuerpo a su trabajo normal (incluyendo el trabajo fuera de casa y el trabajo en casa)? (Escoja un cuadrado solamente)

- 1. Ningún.....
- 2. Ligero
- 3. Moderado.....
- 4. Severo.....
- 5. Muy severo

B7. ¿Cuánto, si acaso, le limita su salud en cada de las siguientes actividades? (Escoja un cuadrado solamente en cada línea)

¿Cuánto limita su salud...	1. <u>Me</u> <u>limita</u> <u>mucho</u>	2. <u>Me</u> <u>limita</u> <u>poco</u>	3. <u>No me</u> <u>limita</u> <u>nada</u>
a. Los tipos de o cantidad de actividades vigorosas que puede hacer, ya sea levantar cosas pesadas, correr, o participar en deportes vigorosos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Los tipos de o cantidad de actividades moderadas que puede hacer, ya sea mover una mesa, o cargar el mandado de la tienda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Caminar cuesta arriba o subir unas pocas escaleras?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Comer, vestirse, bañarse o usar el baño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B8. Para cada una de las siguientes preguntas, favor de escoger un cuadrado que corresponda a la respuesta que mejor describa como se ha sentido usted durante las últimas 4 semanas.

	1. <u>Todo el tiempo</u>	2. <u>Casi todo el tiempo</u>	3. <u>Una buena cantidad del tiempo</u>	4. <u>Parte del tiempo</u>	5. <u>Poca parte del tiempo</u>	6. <u>Ninguna parte del tiempo</u>
¿Por cuánto tiempo durante las últimas 4 semanas:						
a. ¿Han sido <u>limitadas</u> sus actividades sociales (como visitar a los amigos o a parientes cercanos) a causa de su salud física o sus problemas emocionales?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Tuvo problemas en concentrarse en una actividad por largo rato?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Tuvo dificultades para razonar problemas y solucionarlos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Se ha sentido usted tranquilo y en paz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Se ha sentido usted deprimido v triste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Se sintió cansado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Tuvo bastante energía para hacer las cosas que quería hacer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ¿Se ha sentido feliz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ¿Se olvidó de cosas que han sucedido?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B9. ¿Cuánto dolor de cuerpo ha tenido durante las últimas 4 semanas?
(Escoja un cuadrado solamente)

- 1. Ningún
- 2. Muy ligero
- 3. Ligero.....
- 4. Moderado
- 5. Severo
- 6. Muy severo

B10. A continuación se presenta una escala que variá desde “nunca” hasta “siempre”. Por favor indique con qué frecuencia cada una de estas declaraciones ha sido verdadera para usted durante las últimas dos semanas. (Escoja un cuadrado en cada línea)

	1. <u>Nunca</u>	2. <u>Rara</u> <u>vez</u>	3. <u>Algunas</u>	4. <u>La</u> <u>mitad</u> <u>de las</u> <u>veces</u>	5. <u>Con</u> <u>frecuencia</u>	6. <u>Muy a</u> <u>men-</u> <u>udo</u>	7. <u>Siempre</u>
a. Se sintió necesitado(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Se sintió aislado(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Se ha retirado de las .actividades sociales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Le faltaron energías para socializar con amigos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pasó momentos preciosos con amigos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B11. A continuación se encuentra una lista de síntomas físicos de varios tipos. Por favor indique si ha tenido alguno de estos síntomas, y con qué intensidad, durante el mes pasado. (Escoja un cuadrado en cada línea)

		1. <u>para nada en lo absoluto</u>	2. <u>Leve(s)</u>	3. <u>de manera moderada</u>	4. <u>de manera severa</u>	5. <u>de manera muy severa</u>
	Durante el mes pasado, ¿ha tenido:					
a.	Fiebre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Sudores nocturnos, estremecimiento o escalofríos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Reducción de peso no intencional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Fatiga, cansancio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B12. En su vida diaria, muchas cosas pueden afectar la manera en que usted se siente. Por favor lea la lista de palabras que se presenta a continuación y marque LA respuesta (sólo una en cada línea) que describa de la mejor manera cómo se ha sentido usted durante el mes pasado, incluyendo este día.

		1. <u>Para nada en lo absoluto</u>	2. <u>un poco</u>	3. <u>de manera moderada</u>	4. <u>Bas-tante</u>	5. <u>En gran medida</u>
a.	Malhumorado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Sin energía	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Resentido(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Agotado(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Exhausto(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Enfadado(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gracias por el tiempo que nos dedicó para llenar este cuestionario.

EL FINAL DEL QUESTIONARIO

QUARTERLY QUALITY OF LIFE QUESTIONNAIRE – FM26DATA CODEBOOK

PUB_ID ----- SUBJECT ID

type: numeric (float)

range: [1,530] units: 1

unique values: 352 coded missing: 0 / 1892

mean: 262.929
std. dev: 155.411

percentiles:	10%	25%	50%	75%	90%
	43	132	269	398	481

VISNUM ----- A2.VISIT NUMBER

type: string (str2)

unique values: 15 coded missing: 0 / 1892

tabulation:	Freq.	Value
	305	"03"
	252	"06"
	221	"09"
	199	"12"
	173	"15"
	152	"18"
	133	"21"
	115	"24"
	95	"27"
	79	"30"
	69	"33"
	55	"36"
	26	"39"
	12	"42"
	6	"45"

VISNUM:

1. This form is only used at quarterly visits (QU 03, QU 06, QU 09, etc.). Therefore, this variable is always coded as 03, 06, 09, etc.

FORM_V ----- A4.FORM VERSION

type: numeric (float)

label: FORM_V

range: [12979,13163] units: 1
unique values: 3 coded missing: 0 / 1892

tabulation:	Freq.	Numeric	Label
	51	12979	07/15/95
	40	13132	12/15/95
	1801	13163	01/15/96

FORM_V:

1. The 12/15/95 version was in Spanish.

COMP_D ----- A5.DATE FORM COMPLETED (TODAY'S DATE)

type: numeric (float)
 range: [51,1380] units: 1
 unique values: 754 coded missing: 0 / 1892
 mean: 461.473
 std. dev: 308.702
 percentiles: 10% 25% 50% 75% 90%
 100 194 389.5 663.5 922

COMP_D:

1. This variable has been coded as the number of days since Randomization (Negative values indicate dates before Randomization; positive values indicate dates subsequent to Randomization)

HEALTH ----- B1.GENERAL HEALTH

type: numeric (float)
 label: HEALTH
 range: [1,5] units: 1
 unique values: 5 coded missing: 2 / 1892
 tabulation: Freq. Numeric Label
 148 1 1:Excellent
 582 2 2:Very good
 637 3 3:Good
 429 4 4:Fair
 94 5 5:Poor

OVERALL ----- B2.OVERALL HEALTH

type: numeric (float)

range: [0,10]

units: .1

unique values: 21

coded missing: 29 / 1892

tabulation:	Freq.	Value
	13	0
	1	.5
	11	1
	1	1.5
	33	2
	3	2.5
	87	3
	4	3.5
	121	4
	4	4.5
	389	5
	7	5.5
	189	6
	5	6.5
	296	7
	11	7.5
	378	8
	12	8.5
	169	9
	5	9.5
	124	10

HLTHKEPT ----- B3.HEALTH KEPT YOU FROM WORKING

type: numeric (float)

label: HLTHKEPT

range: [1,3]

units: 1

unique values: 3

coded missing: 5 / 1892

tabulation:	Freq.	Numeric	Label
	316	1	1:Yes, for all of the time
	745	2	2:Yes, for some of the time
	826	3	3:No

INTERFER ----- B4.HEALTH INTERFERE WITH SOCIALIZING

type: numeric (float)

label: INTERFER

range: [1,5]

units: 1

unique values: 5

coded missing: 9 / 1892

tabulation:	Freq.	Numeric	Label
	663	1	1:Not at all
	532	2	2:Slightly
	374	3	3:Moderately
	246	4	4:Quite a bit
	68	5	5:Extremely

UNABLWRK ----- B5.UNABLE TO DO CERTAIN WORK

type: numeric (float)
label: UNABLWRK

range: [1,3] units: 1
unique values: 3 coded missing: 6 / 1892

tabulation:	Freq.	Numeric	Label
	224	1	1:Yes, for all of the time
	846	2	2:Yes, for some of the time
	816	3	3:No

PAININTF ----- B6.BODILY PAIN INTERFERED WITH WORK

type: numeric (float)
label: PAININTF

range: [1,5] units: 1
unique values: 5 coded missing: 6 / 1892

tabulation:	Freq.	Numeric	Label
	599	1	1:Not at all
	525	2	2:Slightly
	400	3	3:Moderately
	290	4	4:Quite a bit
	72	5	5:Extremely

VIG_ACT ----- B7a.HEALTH LIMITING - VIGOROUS ACTIVITY

type: numeric (float)
label: VIG_ACT

range: [1,3] units: 1
unique values: 3 coded missing: 16 / 1892

tabulation:	Freq.	Numeric	Label
	797	1	1:Limited a lot
	755	2	2:Limited a little
	324	3	3:Not limited at all

MOD_ACT ----- B7b.HEALTH LIMITING - MODERATE ACTIVITY

type: numeric (float)
label: MOD_ACT

range: [1,3] units: 1
unique values: 3 coded missing: 22 / 1892

tabulation:	Freq.	Numeric	Label
	307	1	1:Limited a lot
	750	2	2:Limited a little
	813	3	3:Not limited at all

STAIRS ----- B7c.WALK UPHILL OR CLIMBING STAIRS

type: numeric (float)
 label: STAIRS

 range: [1,3] units: 1
 unique values: 3 coded missing: 15 / 1892

 tabulation: Freq. Numeric Label
 462 1 1:Limited a lot
 752 2 2:Limited a little
 663 3 3:Not limited at all

EATING ----- B7d.EATING, DRESSING, BATHING

type: numeric (float)
 label: EATING

 range: [1,3] units: 1
 unique values: 3 coded missing: 19 / 1892

 tabulation: Freq. Numeric Label
 100 1 1:Limited a lot
 401 2 2:Limited a little
 1372 3 3:Not limited at all

LIMSOCIA ----- B8a.LIMITED SOCIAL ACTIVITIES

type: numeric (float)
 label: LIMSOCIA

 range: [1,6] units: 1
 unique values: 6 coded missing: 18 / 1892

 tabulation: Freq. Numeric Label
 72 1 1:All of the time
 154 2 2:Most of the time
 227 3 3:A good bit of the time
 343 4 4:Some of the time
 404 5 5:A little bit of the time
 674 6 6:None of the time

KEEPATTN ----- B8b.KEEP ATTENTION ON ACTIVITY

type: numeric (float)
 label: KEEPATTN

 range: [1,6] units: 1
 unique values: 6 coded missing: 24 / 1892

 tabulation: Freq. Numeric Label
 50 1 1:All of the time
 123 2 2:Most of the time
 145 3 3:A good bit of the time
 349 4 4:Some of the time
 451 5 5:A little bit of the time
 750 6 6:None of the time

REASONIN ----- B8c.REASONING AND PROBLEM SOLVING

type: numeric (float)
label: REASONIN

range: [1,6] units: 1
unique values: 6 coded missing: 20 / 1892

tabulation:	Freq.	Numeric	Label
	44	1	1:All of the time
	75	2	2:Most of the time
	97	3	3:A good bit of the time
	297	4	4:Some of the time
	390	5	5:A little bit of the time
	969	6	6:None of the time

CALM ----- B8d.FELT CALM AND PEACEFUL

type: numeric (float)
label: CALM

range: [1,6] units: 1
unique values: 6 coded missing: 25 / 1892

tabulation:	Freq.	Numeric	Label
	184	1	1:All of the time
	666	2	2:Most of the time
	228	3	3:A good bit of the time
	402	4	4:Some of the time
	260	5	5:A little bit of the time
	127	6	6:None of the time

BLUE ----- B8e.FELT DOWNHEARTED AND BLUE

type: numeric (float)
label: BLUE

range: [1,6] units: 1
unique values: 6 coded missing: 27 / 1892

tabulation:	Freq.	Numeric	Label
	48	1	1:All of the time
	138	2	2:Most of the time
	176	3	3:A good bit of the time
	443	4	4:Some of the time
	626	5	5:A little bit of the time
	434	6	6:None of the time

TIRED ----- B8f.FELT TIRED

type: numeric (float)
label: TIRED

range: [1,6] units: 1
unique values: 6 coded missing: 31 / 1892

tabulation:	Freq.	Numeric	Label
	142	1	1:All of the time
	313	2	2:Most of the time
	260	3	3:A good bit of the time
	509	4	4:Some of the time
	484	5	5:A little bit of the time
	153	6	6:None of the time

ENERGY ----- B8g.ENOUGH ENERGY

type: numeric (float)
label: ENERGY

range: [1,6] units: 1
unique values: 6 coded missing: 30 / 1892

tabulation:	Freq.	Numeric	Label
	261	1	1:All of the time
	587	2	2:Most of the time
	229	3	3:A good bit of the time
	425	4	4:Some of the time
	237	5	5:A little bit of the time
	123	6	6:None of the time

HAPPY ----- B8h.HAPPY

type: numeric (float)

label: HAPPY

range: [1,6] units: 1
unique values: 6 coded missing: 24 / 1892

tabulation:	Freq.	Numeric	Label
	229	1	1:All of the time
	766	2	2:Most of the time
	246	3	3:A good bit of the time
	346	4	4:Some of the time
	201	5	5:A little bit of the time
	80	6	6:None of the time

FORGET ----- B8i.FORGET THINGS

type: numeric (float)
label: FORGET

range: [1,6] units: 1
unique values: 6 coded missing: 21 / 1892

tabulation:	Freq.	Numeric	Label
	34	1	1:All of the time
	106	2	2:Most of the time
	128	3	3:A good bit of the time
	367	4	4:Some of the time
	513	5	5:A little bit of the time
	723	6	6:None of the time

PAIN4WKS ----- B9.BODILY PAIN DURING PAST 4 WEEKS

type: numeric (float)
label: PAIN4WKS

range: [1,6] units: 1
unique values: 6 coded missing: 16 / 1892

tabulation:	Freq.	Numeric	Label
	398	1	1:None
	401	2	2:Very mild
	333	3	3:Mild
	486	4	4:Moderate
	209	5	5:Severe
	49	6	6:Very severe

NEEDED ----- B10a.YOU FELT NEEDED

type: numeric (float)
label: NEEDED

range: [1,7] units: 1
unique values: 7 coded missing: 21 / 1892

tabulation:	Freq.	Numeric	Label
	109	1	1:Never
	194	2	2:Seldom
	403	3	3:Sometimes
	202	4	4:About as often as not
	278	5	5:Frequently
	348	6	6:Very often
	337	7	7:Always

ISOLATED ----- B10b.YOU FELT ISOLATED

type: numeric (float)
label: ISOLATED

range: [1,7] units: 1
unique values: 7 coded missing: 17 / 1892

tabulation:	Freq.	Numeric	Label
	536	1	1:Never
	443	2	2:Seldom
	462	3	3:Sometimes
	113	4	4:About as often as not
	160	5	5:Frequently
	103	6	6:Very often
	58	7	7:Always

WITHDRWN ----- B10c.HAVE WITHDRAWN FROM SOCIALIZING

type: numeric (float)
label: WITHDRWN

range: [1,7] units: 1
unique values: 7 coded missing: 28 / 1892

tabulation:	Freq.	Numeric	Label
	561	1	1:Never
	353	2	2:Seldom
	466	3	3:Sometimes
	136	4	4:About as often as not
	171	5	5:Frequently
	134	6	6:Very often
	43	7	7:Always

LACKENER ----- B10d.LACKED ENERGY TO SOCIALIZE

type: numeric (float)

label: LACKENER

range: [1,7] units: 1
unique values: 7 coded missing: 21 / 1892

tabulation:	Freq.	Numeric	Label
	486	1	1:Never
	406	2	2:Seldom
	500	3	3:Sometimes
	137	4	4:About as often as not
	182	5	5:Frequently
	114	6	6:Very often
	46	7	7:Always

FRIENDS ----- B10e.SPENT QUALITY TIME WITH FRIENDS

type: numeric (float)
label: FRIENDS

range: [1,7] units: 1
unique values: 7 coded missing: 21 / 1892

tabulation:	Freq.	Numeric	Label
	81	1	1:Never
	299	2	2:Seldom
	462	3	3:Sometimes
	200	4	4:About as often as not
	283	5	5:Frequently
	347	6	6:Very often
	199	7	7:Always

FEVER ----- B11a.PHYSICAL SYMPTOM - FEVER

type: numeric (float)
 label: FEVER

range: [1,5] units: 1
 unique values: 5 coded missing: 30 / 1892

tabulation:	Freq.	Numeric	Label
	1173	1	1:Not present
	408	2	2:Mild
	195	3	3:Moderate
	59	4	4:Severe
	27	5	5:Very severe

SWEATS ----- B11b.PHYSICAL SYMPTOM - SWEATS

type: numeric (float)
 label: SWEATS

range: [1,5] units: 1
 unique values: 5 coded missing: 25 / 1892

tabulation:	Freq.	Numeric	Label
	1114	1	1:Not present
	410	2	2:Mild
	234	3	3:Moderate
	76	4	4:Severe
	33	5	5:Very severe

WT_LOSS ----- B11c.PHYSICAL SX - UNINTENT WEIGHT LOSS

type: numeric (float)
 label: WT_LOSS

range: [1,5] units: 1
 unique values: 5 coded missing: 29 / 1892

tabulation:	Freq.	Numeric	Label
	1174	1	1:Not present
	342	2	2:Mild
	204	3	3:Moderate
	97	4	4:Severe
	46	5	5:Very severe

FATIGUE ----- B11d.PHYSICAL SYMPTOM - FATIGUE/TIRED

type: numeric (float)
 label: FATIGUE

range: [1,5] units: 1
 unique values: 5 coded missing: 25 / 1892

tabulation:	Freq.	Numeric	Label
	362	1	1:Not present
	652	2	2:Mild
	517	3	3:Moderate
	241	4	4:Severe
	95	5	5:Very severe

IRRITATD ----- B12a.FEELING IRRITATED

type: numeric (float)
label: IRRITATD

range: [1,5] units: 1
unique values: 5 coded missing: 28 / 1892

tabulation:	Freq.	Numeric	Label
	470	1	1:Not at all
	807	2	2:A little
	326	3	3:Moderately
	217	4	4:Quite a bit
	44	5	5:Extremely

DRAINED ----- B12b.FEELING DRAINED

type: numeric (float)
label: DRAINED

range: [1,5] units: 1
unique values: 5 coded missing: 26 / 1892

tabulation:	Freq.	Numeric	Label
	410	1	1:Not at all
	697	2	2:A little
	374	3	3:Moderately
	307	4	4:Quite a bit
	78	5	5:Extremely

RESENT ----- B12c.FEELING RESENTFUL

type: numeric (float)
label: RESENT

range: [1,5] units: 1
unique values: 5 coded missing: 41 / 1892

tabulation:	Freq.	Numeric	Label
	963	1	1:Not at all
	546	2	2:A little
	194	3	3:Moderately
	112	4	4:Quite a bit
	36	5	5:Extremely

WORN_OUT ----- B12d.FEELING WORN OUT

type: numeric (float)

label: WORN_OUT

range: [1,5] units: 1
unique values: 5 coded missing: 30 / 1892

tabulation:	Freq.	Numeric	Label
	435	1	1:Not at all
	684	2	2:A little
	339	3	3:Moderately
	306	4	4:Quite a bit
	98	5	5:Extremely

EXHAUSTD ----- B12e.FEELING EXHAUSTED

type: numeric (float)
label: EXHAUSTD

range: [1,5] units: 1
unique values: 5 coded missing: 29 / 1892

tabulation:	Freq.	Numeric	Label
	527	1	1:Not at all
	654	2	2:A little
	295	3	3:Moderately
	288	4	4:Quite a bit
	99	5	5:Extremely

ANGRY ----- B12f.FEELING ANGRY

type: numeric (float)
label: ANGRY

range: [1,5] units: 1
unique values: 5 coded missing: 30 / 1892

tabulation:	Freq.	Numeric	Label
	734	1	1:Not at all
	684	2	2:A little
	220	3	3:Moderately
	146	4	4:Quite a bit
	78	5	5:Extremely