

Health-Related Quality of Life (HRQOL) Questionnaire

Name: _____ Date of birth: _____

Gender: _____ Date of assessment: _____

Core healthy days module

1. Would you say that, in general, your health is:

Excellent Very good Good Fair Poor

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

Number of days: _____ None

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Number of days: _____ None

If you answered "none" to questions 2 and 3, skip question 4 below:

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

Number of days: _____ None

Activity limitations module

Instructions: These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.

5. Are you **LIMITED** in any way in any activities because of any impairment or health problem?

Yes No

If no, skip to "Healthy Days Symptoms Module."

6. What is the **MAJOR** impairment or health problem that limits your activities?

- | | |
|-------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Arthritis/rheumatism | <input type="checkbox"/> Heart problem |
| <input type="checkbox"/> Back or neck problem | <input type="checkbox"/> Stroke problem |
| <input type="checkbox"/> Fractures, bone/joint injury | <input type="checkbox"/> Hypertension/high blood pressure |
| <input type="checkbox"/> Walking problem | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Lung/breathing problem | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Hearing problem | <input type="checkbox"/> Depression/anxiety/emotional problem |
| <input type="checkbox"/> Eye/vision problem | <input type="checkbox"/> Other impairment/problem |

7. For how long have your activities been limited because of your major impairment or health problem?

- Days 1:
- Weeks 2:
- Months 3:
- Years 4:

8. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

Yes

No

9. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

Yes

No

Healthy days symptoms module

10. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?

Number of days:

None

11. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?

Number of days:

None

12. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?

Number of days:

None

13. During the past 30 days, for about how many days have you felt you did NOT get ENOUGH REST or SLEEP?

Number of days:

None

14. During the past 30 days, for about how many days have you felt VERY HEALTHY AND FULL OF ENERGY?

Number of days:

None

Scores

Core healthy days module

Activity limitations module

Unhealthy days score

Healthy days score

Scoring

The core healthy days module subscale contains Q1. The answer format for this question is: 1 = excellent; 2 = very good; 3 = good; 4 = fair; 5 = poor.

The core healthy days module subscale also contains Q2, Q3, and Q4. The answer format for these questions is: 1 = number of day (fill in the blank); 2 = none.

The activity limitations module subscale contains Q5. The answer format for this question is: 1 = yes; 2 = no.

The activity limitations module subscale also contains Q6.

The answer format for this question is: 1 = arthritis/rheumatism; 2 = back or neck problem; 3 = fractures, bone/joint injury; 4 = walking problem; 5 = lung/breathing problem; 6 = hearing problem; 7 = eye/vision problem; 8 = heart problem; 9 = stroke problem; 10 = hypertension/high blood pressure; 11 = diabetes; 12 = cancer; 13 = depression/anxiety/emotional problem; 14 = other impairment/problem.

The activity limitations module subscale also contains Q7. The answer format for this question is fill-in-the-blank.

To calculate the unhealthy days score for each participant, sum the number of physically unhealthy and mentally unhealthy days. The maximum score is 30 unhealthy days, even if the number of unhealthy days totals more than 30. To calculate a healthy days score, subtract the number of unhealthy days from 30.

Reference

Centers for Disease Control and Prevention. (2016). *Health-related quality of life (HRQOL)*. <https://www.cdc.gov/hrqol/methods.htm>.