Health-Related Quality of Life (HRQOL) Questionnaire

| Name: l | e: Date of birth: | | | |
|---|--|--|--|--|
| Gender:D | 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? | | | | |
| ☐ Arthritis/rheumatism | ☐ Heart problem | | | |
| | · | | | |
| ☐ Back or neck problem | ☐ Stroke problem | | | |
| ☐ Fractures, bone/joint injury | ☐ Hypertension/high blood pressure | | | |
| ─ Walking problem | ☐ Diabetes | | | |
| Lung/breathing problem | ☐ Cancer | | | |
| ☐ Hearing problem | ☐ Depression/anxiety/emotional problem | | | |
| ☐ Eye/vision problem | ☐ 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? | | | | |
| Ye | es | N | 0 | |
| 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? | | | | |
| Ye | es | No | | |
| Healthy days symptom | ns 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.