

B. General

6. In general, would you say your health is: *(circle one)*

Excellent	Very good	Good	Fair	Poor
1	2	3	4	5

7. How much **bodily** pain have you generally had during the **past 4 weeks**?
(circle one)

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

The following questions are about activities you might do during a typical day.

Card #0	
1	Yes, limited a lot
2	Yes, limited a little
3	No, not limited

START CARD #0

Use card #0 for item 8.

8. Does your **health now limit** you in these activities? If so, how much?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. The kinds or amount of vigorous activities you can do, like lifting heavy objects, running or participating in strenuous sports:	1	2	3
b. The kinds or amount of moderate activities you can do, like moving a table, carrying groceries or bowling:	1	2	3
c. Walking uphill or climbing a few flights of stairs:	1	2	3
d. Bending, lifting or stooping:	1	2	3
e. Walking one block:	1	2	3
f. Eating, dressing, bathing or using the toilet:	1	2	3

STOP CARD #0

9. Does **your health** keep you from working at a job, doing work around the house or going to school?

Yes No
 (1) (2)

10. Have you been unable to do **certain kinds or amounts** of work, housework or schoolwork because of your health?

Yes No
 (1) (2)

Card #1	
1	All of the time
2	Most of the time
3	A good bit of the time
4	Some of the time
5	A little bit of the time
6	None of the time

START CARD #1

Use card #1 for items 11-13.

11. How much of the time during the past 4 weeks ...

a. Has your **health limited your social activities** (like visiting with friends or close relatives)? _____ (1-6)

b. Have you been a **very nervous person**? _____ (1-6)

c. Have you felt **calm and peaceful**? _____ (1-6)

d. Have you felt **downhearted and blue**? _____ (1-6)

e. Have you been a **happy person**? _____ (1-6)

f. Have you felt so **down in the dumps** that nothing could cheer you up? _____ (1-6)

12. How often during the last 4 weeks ...

- a. Did you feel full of pep? _____
(1-6)
- b. Did you feel worn out? _____
(1-6)
- c. Did you feel tired? _____
(1-6)
- d. Did you have enough energy to do the things you wanted to do? _____
(1-6)

13. How much of the time, during the past 4 weeks ...

- a. Did you have difficulty reasoning and solving problems, for example, making plans, making decisions, learning new things? _____
(1-6)
- b. Did you forget things that happened recently, for example, where you put things, appointments? _____
(1-6)
- c. Did you have trouble keeping your attention on any activity for long? _____
(1-6)
- d. Did you have difficulty doing activities involving concentration and thinking? _____
(1-6)

STOP CARD #1

These questions are about how you have been feeling and how things have been with you during the past four weeks. For each question, please indicate the response that comes closest to the way you have been feeling.

14. How have you been feeling during the past 4 weeks? (*check only one*):

- Very sick (1)
- Pretty sick (2)
- A little sick (3)
- Not bad (4)
- Pretty well (5)
- Very well (6)

15. During the past 4 weeks, how much were you bothered by your illness? (*check only one*):

- Not at all (1)
- A little (2)
- Somewhat (3)
- Quite a lot (4)
- A great deal (5)

16. During the past 4 weeks, how much have you been concerned, worried, or fearful about your health? (*check only one*):

- Not at all (1)
- A little (2)
- Somewhat (3)
- Quite a lot (4)
- A great deal (5)

17. How often, during the past 4 weeks, did you feel healthy enough to do the things you wanted to do or had to do? (*check only one*):

- All of the time (1)
- Most of the time (2)
- Some of the time (3)
- A little of the time (4)
- None of the time (5)

18. How has the quality of your life been during the past 4 weeks? That is, how have things been going for you? (*check only one*):

- Very well, could hardly be better (1)
- Pretty good (2)
- Good and bad parts about equal (3)
- Pretty bad (4)
- Very bad, could hardly be worse (5)

19. How would you rate your physical health and emotional condition now compared to 4 weeks ago? (*check only one*):

- Much better (1)
- A little better (2)
- About the same (3)
- A little worse (4)
- Much worse (5)

C. Visual

Next, we would like to ask you some questions about your eyesight.

20. How much trouble do you now have with your eyesight? (*check only one*):

- No trouble (1)
- A little trouble (2)
- A moderate amount of trouble (3)
- A lot of trouble (4)

Card #2	
1	No difficulty
2	A little
3	A moderate amount
4	Unable to do this
5	Don't do it for other reasons

START CARD #2

Use card #2 for item 21.

The following questions ask about problems with your eyesight you might have had during the past 4 weeks.

21. Do you have difficulty (even with glasses) in doing any of the following activities?

- a. Reading small print such as labels on medicine bottles, a telephone book, food labels: _____
(1-5)
- b. Reading a newspaper or book: _____
(1-5)
- c. Driving during the day: _____
(1-5)
- d. Driving at night: _____
(1-5)
- e. Reading traffic signs, street signs, store signs: _____
(1-5)
- f. Doing writing such as making lists, writing notes or letters: _____
(1-5)
- g. Watching television: _____
(1-5)

STOP CARD #2

Card #3	
1	Not at all
2	A little
3	Somewhat
4	Quite a lot
5	A great deal

START CARD #3

Use card #3 for items 22 and 25.

- 22.** During the past 4 weeks, how much have you been bothered by ...
- a. Blurred or distorted vision: _____
(1-5)
 - b. Spots floating in front of your eyes: _____
(1-5)
 - c. Blind spots or blurry spots: _____
(1-5)
 - d. Trouble seeing to one side or the other: _____
(1-5)
 - e. Bumping into people or things: _____
(1-5)

STOP CARD #3

- 23.** In general, would you say your eyesight is (*check only one*):

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

24. Did you receive treatment for an eye problem related to AIDS in the past 4 weeks (*including patients with an active implant for no longer than 7 months*):

Yes (1) No (2)

If "No", skip to item 27
(do not answer items 25 and 26)

START CARD #3

Getting treatment for an eye problem can be inconvenient.

25. During the past 4 weeks how much has the treatment for your eyes ...

- a. Interfered with your social activities with family, friends, neighbors, or groups? _____ (1-5)
- b. Interfered with your daily activities like bathing, dressing, shopping or preparing meals? _____ (1-5)
- c. Made you concerned about how you look? _____ (1-5)
- d. Made you embarrassed to go out in public? _____ (1-5)

STOP CARD #3

26. During the past 4 weeks ...

a. Was the amount of time you had to spend on treatment for your eyes
(*check only one*):

- Much too long (1)
- Too long (2)
- About right (3)
- Not applicable (N)

b. How much did treatment for your eyes keep you from doing the things
you wanted to do (*check only one*):

- Not at all (1)
- A little (2)
- Somewhat (3)
- A lot (4)
- A great deal (5)

The final questions ask about work and other activities.

27. Have you had a job or business during the past 4 weeks:

- Yes (1)
- No (2)

28. How do you spend most of your time? (*check only one*):

- Working full time (1)
- Working part time (2)
- Keeping house or taking care
of family (3)
- Attending school (4)
- Not working because of your
health (5)
- Not working for other reasons (6)

29. How many days during the past week did your illness, treatment or a personal problem (like feeling depressed) cause you to do any of the following things?

a. Stay in bed for a half a day or more: _____
days

b. Cut down on your usual activities (such as your work, housework, school, leisure activities) for half a day or more: _____
days

D. EuroQol

30. Mobility (*check only one*):

I have no problems in walking about (1)

I have some problems in walking about (2)

I am confined to bed (3)

31. Self-Care (*check only one*):

I have no problems with self-care (1)

I have some problems washing and dressing myself (2)

I am unable to wash or dress myself (3)

32. Usual Activities (*e.g. work, study, housework, family or leisure activities*) (*check only one*):

I have no problems with performing my usual activities (1)

I have some problems with performing my usual activities (2)

I am unable to perform my usual activities (3)

33. Pain/Discomfort (*check only one*):

- I have no pain or discomfort (1)
- I have moderate pain or discomfort (2)
- I am extreme pain or discomfort (3)

34. Anxiety/Depression (*check only one*):

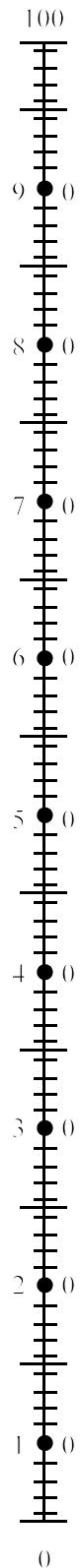
- I am not anxious or depressed (1)
- I am moderately anxious or depressed (2)
- I am extremely anxious or depressed (3)

35. Health state:

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) to the right. The best health state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box that reads "Your own health state today" to whatever place on the scale indicates how good or bad your health state is.

Best
imaginable
health state



Your own
health state
today

Worst
imaginable
health state

