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HRQL questionnaire
7 pages in total

Patient ID number [ ] [ ][ ][ ][ ][ ] [ ]

Patient name ____

Enter the date of completion [ ][ ] / [ ][ ] / [ ][ ][ ][ ]

What type of HRQL assessment is this?

Baseline assessment ☐

Follow-up assessment ☐

Section 1 - Patient Generated Index© (PGI) (1 page)

Your answers to the following steps will tell us how your life is affected by your HEALTH. It will also tell us how you would like to see it improved.

Step 1 : Identifying areas

We would like you to think of the most important areas of your life that are affected by your HEALTH. Please write up to FIVE areas in the boxes below. Examples are provided.

Step 2 : Scoring each area

In this part we would like you to score the areas you mentioned in step 1. This score should show how badly affected you were over the past MONTH. Please score each area out of 10 using this scale.

10=Exactly as you would like to be
9=Close to how you would like to be
8=Very good, but not how you would like to be
7=Good, but not how you would like
6=Between good and fair
5=Fair
4=Between poor and fair
3=Poor but not the worst you could imagine
2=Very poor but not the worst you could imagine
1=Close to the worst you could imagine
0=The worst you could imagine

Step 3 : Spending points

We want you to imagine that any or all the areas of your life could be improved. You have 12 imaginary points to spend to show which areas you would most like to see improve. Spend more points on areas you would most like to see improve and less on areas that are not so important.
You don't have to spend points in every area. You can't spend more than 12 points in total.

Step 1: Area	Step 2: Score	Step 3: Points
	[ ][ ]	[ ][ ]
	[ ][ ]	[ ][ ]
	[ ][ ]	[ ][ ]
	[ ][ ]	[ ][ ]
	[ ][ ]	[ ][ ]
All other aspects of your life not mentioned above	[ ][ ]	[ ][ ]

Anxiety about future health deteriorating
Activities such as walking
Sex life
Gardening
Driving

Please use the last box to score all other aspects of your life

Remember total must add up to 12

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Section 2 - EuroQol (2 pages)

This section asks about your health in general. By placing a cross in one box in each group below, please indicate which statement best describes your own health state today.

Mobility

I have no problems in walking about ☐ 1

I have some problems in walking about ☐ 2

I am confined to bed ☐ 3

Self-Care

I have no problems with self-care ☐ 1

I have some problems washing or dressing myself ☐ 2

I am unable to wash or dress myself ☐ 3

Usual Activities (eg. work, study, housework, family or leisure activities)

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

Pain/Discomfort

I have no pain or discomfort ☐ 1

I have moderate pain or discomfort ☐ 2

I have extreme pain or discomfort ☐ 3

Anxiety/Depression

I am not anxious or depressed ☐ 1

I am moderately anxious or depressed ☐ 2

I am extremely anxious or depressed ☐ 3

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To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best 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 below to whichever point on the scale indicates how good or bad your health state is.

Best imaginable health state

100

90

80

70

60

50

40

30

20

10

0

Worst imaginable health state

Your own health state today

Please do not write in this box

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Section 3 - SF36v2 (3 pages)

These questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities

Answer each question by marking a cross in the appropriate box. If you are unsure on how to answer a question, please give the best answer you can.

1. In general, would you say your health is:
   (please place a cross in one box)

Excellent	Very Good	Good	Fair	Poor
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

2. **Compared to six months ago,** how would you rate your health in general **now?**
   (please place a cross in one box)

Much better now than six months ago	Somewhat better now than six months ago	About the same as six months ago	Somewhat worse now than six months ago	Much Worse now than six months ago
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

3. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?
   (Please place a cross in one box on each line)

ACTIVITIES	Yes, limited a lot	Yes, limited a little	No, not limited at all
a) **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports	☐ 1	☐ 2	☐ 3
b) **Moderate activities,** such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐ 1	☐ 2	☐ 3
c) Lifting or carrying groceries	☐ 1	☐ 2	☐ 3
d) Climbing **several** flights of stairs	☐ 1	☐ 2	☐ 3
e) Climbing **one** flight of stairs	☐ 1	☐ 2	☐ 3
f) Bending, kneeling or stooping	☐ 1	☐ 2	☐ 3
g) Walking **more than a mile**	☐ 1	☐ 2	☐ 3
h) Walking **several hundred yards**	☐ 1	☐ 2	☐ 3
i) Walking **one hundred yards**	☐ 1	☐ 2	☐ 3
j) Bathing or dressing yourself	☐ 1	☐ 2	☐ 3

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4. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

(please place a cross in one box on each line)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Cut down the **amount of time** you spent on work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) **Accomplished less** than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) Were limited in the **kind** of work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d) Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious) ?

(please place a cross in one box on each line)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Cut down the **amount of time** you spent on work or other activities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b) **Accomplished less** than you would like	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c) Did work or other activities as **carefully** as usual	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

6. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

(please place a cross in one box)

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

7. How much **bodily** pain have you had during the **past 4 weeks?**

(please place a cross in one box)

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

8. During the **past 4 weeks,** how much did **pain** interfere with your normal work (including both work outside the home and housework)

(please place a cross in one box)

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

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9. These questions are about how you feel and how things have been with you during the **past 4 weeks**. For each question, please give one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks.**
(please place a cross in one box on each line)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a) Did you feel full of life?	5	4	3	2	1
b) Have you been very nervous?	1	2	3	4	5
c) Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5
d) Have you felt calm and peaceful?	5	4	3	2	1
e) Did you have a lot of energy?	5	4	3	2	1
f) Have you felt downhearted and depressed?	1	2	3	4	5
g) Did you feel worn out?	1	2	3	4	5
h) Have you been happy?	5	4	3	2	1
i) Did you feel tired?	1	2	3	4	5

10. During the **past 4 weeks,** how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)
(please place a cross in one box)

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

11. How TRUE or FALSE is **each** of the following statements for you?
(please place a cross in one box on each line)

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a) I seem to get sick a little easier than other people	1	2	3	4	5
b) I am as healthy as anybody I know	5	4	3	2	1
c) I expect my health to get worse	1	2	3	4	5
d) My health is excellent	5	4	3	2	1

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Section 4 - State Trait Anxiety Inventory (STAI) (1 page)

Please cross one box per question

	Not at all	Somewhat	Moderately	Very much
1. I feel calm	☐	☐	☐	☐
2. I feel tense	☐	☐	☐	☐
3. I feel upset	☐	☐	☐	☐
4. I feel relaxed	☐	☐	☐	☐
5. I feel content	☐	☐	☐	☐
6. I feel worried	☐	☐	☐	☐