ARCTIC

Patient Health Economics Questionnaire Booklet

For Hospital Use

To be completed at baseline
(Prior to the patient being informed of their randomisation allocation)

Patient initials

Patient date of birth Day Month Year

Hospital name

Today's date Day Month Year

Information

We need to ask you some questions about your general health and your employment. Some questions will seem more relevant to you than others, but please try to answer all the questions. The responses are confidential and will not be seen by the doctors or nurses.

When you have completed the questionnaire booklet, please place it in the envelope provided and return the sealed envelope to the nurse.

Thank you

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Employment status before diagnosis

This section is about how your diagnosis has affected your work.

1. Please tick one box for the category that describes your employment status in the <u>month before</u> your diagnosis.

Employment status:

Full time employee (more than 30 hours a week) ..... ☐

Part time employee (less than 30 hours a week) ..... ☐

Self-employed..... ☐

Full or part time training or education ..... ☐

Employee on sick leave ..... ☐

Not in paid employment due to long standing illness or disability..... ☐

Retired and not in paid employment ..... ☐

2. Please state approximately how many <u>years</u> had you been in this employment status, before your diagnosis?

Years ☐

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General health

3. For each of the five sets of statements below, please tick the one box that best describes your own health state today.

(i) Mobility

I have no problems in walking about..... ☐

I have some problems in walking about ..... ☐

I am confined to bed ..... ☐

(ii) Self-care

I have no problems with self-care..... ☐

I have some problems washing and dressing myself..... ☐

I am unable to wash or dress myself..... ☐

(iii) Usual activities (e.g. work, study, housework, family or leisure activities)

I have no problems with performing my usual activities..... ☐

I have some problems with performing my usual activities.... ☐

I am unable to perform my usual activities..... ☐

(iv) Pain/discomfort

I have no pain or discomfort..... ☐

I have moderate pain or discomfort..... ☐

I have extreme pain or discomfort..... ☐

(v) Anxiety/depression

I am not anxious or depressed..... ☐

I am moderately anxious or depressed..... ☐

I am extremely anxious or depressed..... ☐

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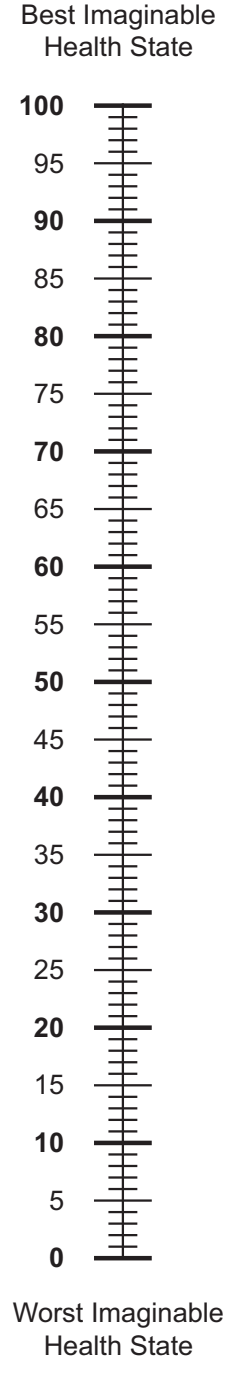
(vi) Health State Scale

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

We would like you to indicate on this scale how good or bad you think your own health is today. 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 today.

Your own health state today



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General health

4. Finally, some questions about your health in general.

(i) In general, how would you say your health is?

Excellent	Very good	Good	Fair	Poor
☐	☐	☐	☐	☐

(ii) 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?

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐	☐	☐
b Climbing **several** flights of stairs	☐	☐	☐

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(iii) 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?**

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a **Accomplished less** than you would like	☐	☐	☐	☐	☐
b Were limited in the **kind** of work or other activities	☐	☐	☐	☐	☐

(iv) 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)?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a **Accomplished less** than you would like	☐	☐	☐	☐	☐
b Did work or other activities **less carefully than usual**	☐	☐	☐	☐	☐

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

Not at all	A little bit	Moderately	Quite a bit	Extremely
☐	☐	☐	☐	☐

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(vi) These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the **past 4 weeks**…

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a	Have you felt calm and peaceful?	☐	☐	☐	☐	☐
b	Did you have a lot of energy?	☐	☐	☐	☐	☐
c	Have you felt downhearted and low?	☐	☐	☐	☐	☐

(vii) During the **past 4 weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

All of the time	Most of the time	Some of the time	A little of the time	None of the time
☐	☐	☐	☐	☐

Thank you for completing this questionnaire.

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