

# CLINIC OLE

Date \_\_\_/\_\_\_/\_\_\_ Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ File # \_\_\_\_\_

Crisis did not complete ☐ Refused.....☐

## Health Related Quality of Life - English

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

*Do Not Read.*

*Please read to patient*

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

Don't know/not sure 77
Refused 99

2. Would you say that in general your life is:

*Please read to patient*

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

Don't know/not sure 77
Refused 99

Now I am going to ask you some questions about how you have been over the past month. Please think about the past month (30 days) and answer as best you can:

3. How many days during the last month did you have physical problems?

None 88	Don't know/not sure 77	Refused 99
------------	---------------------------	---------------

4. How many days during the last month did you feel pain? \_\_\_\_\_

None 88	Don't know/not sure 77	Refused 99
------------	---------------------------	---------------

5. How many days did you feel stressed? \_\_\_\_\_

None 88	Don't know/not sure 77	Refused 99
------------	---------------------------	---------------

6. How many days did you feel very health, and full of energy? \_\_\_\_\_

None 88	Don't know/not sure 77	Refused 99
------------	---------------------------	---------------

7. How many days did you feel sad, blue, or depressed? \_\_\_\_\_

None 88	Don't know/not sure 77	Refused 99
------------	---------------------------	---------------

8. How many days did you feel worried, tense or anxious? \_\_\_\_\_

None 88	Don't know/not sure 77	Refused 99
------------	---------------------------	---------------

9. How many days did you not get enough rest or sleep? \_\_\_\_\_

None 88	Don't know/not sure 77	Refused 99
------------	---------------------------	---------------



10. Did any of these things stop you from doing your usual activities such as self-care, work or recreation?

Yes	No	Don't Know/not sure	Refused
1	Go to 8 2	Go to 8 7	Go to 8 9

11. Of the things we've talked about which is your most serious problem? **Do Not Read. Code Only One Category.**

a. Arthritis/rheumatism	0 1	l. Cancer	1 2
b. Back or neck problem	0 2	m. Depression/anxiety/emotional prob.	
c. Fractures, bone/joint injury	0 3	1 3	
d. Walking problem	0 4	n. Other impairment/problem	1 4
e. Lung/breathing problem	0 5	Don't know/not sure	7 7
f. Hearing problem	0 6	Refused	9 9
g. Eye/vision problem	0 7		
h. Heart problem	0 8		
i. Stroke problem	0 9		
j. Hypertension/high blood pressure	1 0		
k. Diabetes	1 1		

12. For HOW LONG have your activities been limited because of this problem  
**Do Not Read. Code using respondent's unit of time.**

a. # of Days	--	1
b. . # of Weeks	---	2
c. . # of Months	--	3
d. . # of Years	---	4
Don't know/Not sure		7 7 7
Refused		9 9 9



10. Did any of these things stop you from doing your usual activities such as self-care, work or recreation?

Yes 1	No <b>Go to 8</b> 2	Don't Know/not sure <b>Go to 8</b> 7	Refused <b>Go to 8</b> 9
----------	---------------------------	--	--------------------------------

11. Of the things we've talked about which is your most serious problem? **Do Not Read. Code Only One Category.**

a. Arthritis/rheumatism	0 1	l. Cancer	1 2
b. Back or neck problem	0 2	m. Depression/anxiety/emotional prob.	1 3
c. Fractures, bone/joint injury	0 3	n. Other impairment/problem	1 4
d. Walking problem	0 4	Don't know/not sure	7 7
e. Lung/breathing problem	0 5	Refused	9 9
f. Hearing problem	0 6		
g. Eye/vision problem	0 7		
h. Heart problem	0 8		
i. Stroke problem	0 9		
j. Hypertension/high blood pressure	1 0		
k. Diabetes	1 1		

12. For HOW LONG have your activities been limited because of this problem  
**Do Not Read. Code using respondent's unit of time.**

a. # of Days	--	1
b. # of Weeks	---	2
c. # of Months	---	3
d. # of Years	---	4
Don't know/Not sure		7 7 7
Refused		9 9 9