

UNC CFAR Social and Behavioral Science Research Core SABI Database

INSTRUMENT TITLE: Health Related Quality of Life in HIV Disease

SOURCE ARTICLE: Hays, R. D., Cunningham, W. E., Ettl, M. K., Beck, C. K., & Shapiro, M. F. (1995). Health related quality of life in HIV disease. *Assessment*, *2*(4), 363.

Hays RD, Cunningham WE, Sherbourne CD, Wilson IB, Wu AW, Cleary PD, et al. Healthrelated quality of life in patients with human immunodeficiency virus infection in the United States: results from the HIV Cost and Services Utilization Study. Am J Med. 2000;108:714–722. doi: 10.1016/S0002-9343(00)00387-9.

RESPONSE OPTIONS: Likert scales with differing values as follows:

Questions 1-9: Yes, Limited a lot (1); Yes, Limited a little (2); No, Not limited at all (3)
10-12: Yes, For all of the time (1); Yes, for some of the time (2); No, none of the time (3)
14-15: Not at all (1); A little bit (2); Moderately (3); Quite a bit (4); Extremely (5)
16: Excellent (1); Very Good (2); Good (3); Fair (4); Poor (5)
17-18: Definitely true (1); Mostly true (2); Don't know (3); Mostly false (4); Definitely false (5)
19-29: All of the time (1); Most of the time (2); A good bit of the time (3); Some of the time (4); A little of the time (5); None of the time (6)
30: None (1); Very mild (2); Mild (3); Moderate (4); Severe (5); Very severe (6)

SURVEY ITEMS:

I'm going to read you a list of activities. Please tell me if your health limited you a lot, a little, or not at all in doing each of these activities in the past four weeks:

(if respondent says they did not do activity, ask: Is that because of your health? If Not because of health, code "No, not limited at all")

- 1. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?
- 2. Climbing one flight of stairs?
- 3. Walking more than a mile?

TERMS OF USE:

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- 4. Walking one block?
- 5. Bathing or dressing yourself?
- 6. Preparing meals or doing laundry?
- 7. Shopping?
- 8. Getting around inside your home?
- 9. Feeding yourself?

During the past four weeks, has your health prevented you from:

- 10. Working at a job, doing work around the house, or going to school?
- 11. Doing certain kinds or amounts of work, housework, or schoolwork?
- 12. Taking care of paperwork for health insurance or medical bills?
- 13. During the past four weeks, how many days did your health cause you to stay in bed for half a day or more? (# *Days*)
- 14. During the past four weeks, how much did pain interfere with your normal work (including work outside the house and housework)?
- 15. During the past four weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?
- 16. In general, would you say your health in the past four weeks was...

Please indicate the extent to which the following statements are true or false for you during the past four weeks:

- 17. I seem to get sick a little easier than other people.
- 18. I have been feeling bad lately.
- 19. How much of the time during the past four weeks have you felt calm and peaceful?
- 20. How much of the time during the past four weeks have you felt downhearted and blue?
- 21. How much of the time during the past four weeks did you feel tired?
- 22. How much of the time during the past four weeks have you been a happy person?
- 23. How much of the time during the past four weeks have you been a very nervous person?
- 24. How much of the time during the past four weeks did you have enough energy to do the things you wanted to do?
- 25. How much of the time during the past four weeks have you felt so down in the dumps that nothing could cheer you up?

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- 26. How much of the time during the past four weeks have you been anxious or worried?
- 27. How much of the time during the past four weeks have you felt depressed?
- 28. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?
- 29. During the past four weeks, how much of the time has your physical health or emotional problems interfered with your ability to enjoy sexual relations? (If respondent says "I'm not sexually active," probe: Is the because of your HIV? If respondent answers Yes, repeat question 29; If respondent answers no, code "None of the time")
- 30. How much bodily pain have you had during the past four weeks?

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