



UNC CFAR Social and Behavioral Science Research Core SABI Database

INSTRUMENT TITLE: *Health related quality of life interview scale*

SOURCE ARTICLE: Cleary, P. D., Fowler Jr, F. J., Weissman, J., Massagli, M. P., Wilson, I., Seage III, G. R., et al. (1993). Health-related quality of life in persons with acquired immune deficiency syndrome. *Medical Care*, 31(7), 569-580.

RESPONSE OPTIONS: See directions for each series of questions below:

SURVEY ITEMS:

Limitations in activities of daily living

1. During the last month, about how many days, if any, did you stay overnight in a hospital?
2. Not counting those days, during the last month, about how many days did the way you felt make you unable to... [*response options*: (1) no days, (2) less than 5 days, (3) 5-9 days, (4) 10-19 days, or (5) 20 or more days?]
 - a. Do vigorous activities such as running, lifting heavy objects, or participating in strenuous sports?
 - b. Do errands, such as shopping?
 - c. Walk one block or climb one flight of stairs?
 - d. Walk indoors, such as around your home?
 - e. Get in and out of a bed or chair?
 - f. Take care of yourself, that is, eat, dress, or bathe?

Disability Days

3. Altogether in the last month, how many days did you stay home all day because of the way you were feeling?
4. Other than those days and the days in the hospital, in the last month, how many days did you cut down on the things you usually do for one-half day or more because of the way you were feeling?
5. How much of the time during the last month... [*response options*: (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 of the time, (6) none of the time]

TERMS OF USE:

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Mental Health

- a. Have you been a very nervous person?
- b. Have you felt so down in the dumps nothing would cheer you up?
- c. Have you felt calm and peaceful?
- d. Have you felt downhearted and blue?
- e. Have you been a happy person?

Fatigue

- f. Did you have a lot of energy?
- g. Did you feel tired?
- h. Did you feel full of pep?
- i. Did you feel worn out?

Suicide Ideation

- j. Did you think about suicide?

Pain

- k. Have you been in extreme physical pain?

Memory Problems

6. In the last month, compared to the best your memory has ever been, how would you describe the speed with which you now remember things – would you say (1) much slower, (2) somewhat slower, or (3) about the same?

Symptom Inventory

7. How much of the time during the last month did you... [*response options: (1) all of the time, (2) most of the time, (3) some of the time, (4) a little of the time, (5) none of the time*]

Neurological Symptoms

- a. Notice your hands were shaky?
- b. Seem unsteady on your feet?
- c. Have trouble with your balance?
- d. Notice a change in your handwriting?
- e. Feel hyper or agitated?
- f. Feel weakness in your arms or legs?
- g. Feel numbness or tingling in your hands or feet?

Sleep Symptoms

- h. Have trouble falling asleep?

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- i. Wake up in the middle of the night?
- j. Wake up earlier than normal?

Fever Symptoms

- k. Have a fever?
- l. Have chills so bad that you shook?
- m. Have night sweats?

Other Symptoms

- n. Feel nauseated or sick to your stomach?
- o. Feel unable to eat solid food?
- p. Have headaches?
- q. Have shortness of breath?
- r. Have diarrhea?

Global Health Ratings

- 8. Think about a scale from 0 to 100, with zero being as bad as a person can be and 100 being excellent health, as good as a person can be. During the last 4 months what number would you have rated your health at its worst?
- 9. On the same scale, during the last 4 months, what number would you have rated your health at its best?
- 10. On the same scale, what number would you give to the way you felt on average over the last month?
- 11. On the same scale, what number would you give to the way you feel today?

Overall Life Satisfaction

- 12. Finally, we would like one overall summary. Which category on this card best describes the way you feel about the way your life is going now?
[Response options: (1) Delighted, (2) Pleased, (3) Mostly satisfied, (4) Mixed, (5) Mostly dissatisfied, (6) Unhappy, (7) Terrible]

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