

INTRODUCTION TO FORM 8 – BASELINE QUALITY OF LIFE FORM

There were both English and Spanish quality of life instruments. Use the form version date (Question A4) to tell which instrument was used (07/15/95 and 01/15/96 versions are English; 12/15/95 version is Spanish). Questions B1-B9 are from Bozette et al (J Acquir Immunodef Syndr 1995; 8:253-65). Question B10 is from Smith et al (Qual Life Res 1997; 6:555-60). Questions B11 and B12 are from Margaret Chesney at University of California at San Francisco (personal communication).

BASELINE QUALITY OF LIFE FORM -- FORM 8 QxQ

SECTION A -- GENERAL INFORMATION

The Quality of Life Questionnaire is available in both English and Spanish

The 12/15/95 version of Form 8 is the first version to have a Spanish Form. This QxQ applies to all the versions of Form 8.

- A1.** Affix the subject ID label. If label is not available, write the subject ID number in the space provided. If this is a multiple page form, affix an ID label or write the ID number on the top of each page in the space provided.
- A2.** At the baseline visit, this question will always be completed in advance by the Medical Coordinating Center. Since this form is **only** used at the baseline visit, this number will always be "00".
- A3.** Enter the subject's first initial in the first space provided, middle initial in the second space provided and last initial in the third space provided. If the subject does not have a middle name, enter the first initial in the first space provided, a "--" in the second space provided, and the last initial in the third space provided. If the person has a hyphenated last name or 2 last names, enter the initial of the first last name in the appropriate box
- A5.** Record the date that this form is completed.
- A6.** Enter the initials of the person completing Section A of this form. Enter the first initial in the first space provided, middle initial in the second space provided and last initial in the third space provided. If the person completing this section of the form does not have a middle name, enter the first initial in the first space provided, a "--" in the second space provided, and the last initial in the third space provided. If the person has a hyphenated last name or 2 last names, enter the initial of the first last name in the appropriate box.

SECTION B -- QUALITY OF LIFE

Ideally, this form should be self-administered by the patient (except for Section A). However, it may be necessary to read the questions to the patient, for example if administered over the phone. If the patient asks questions about items, try to help without leading the patient toward giving any particular response.

VIRAL ACTIVATION TRANSFUSION STUDY (VATS)
FORM 8 -- BASELINE QUALITY OF LIFE QUESTIONNAIRE

SECTION A TO BE COMPLETED BY CLINICAL COORDINATOR.

SECTION A -- GENERAL INFORMATION

- A1. Subject ID: (ENTER ID NUMBER OR AFFIX LABEL AT THE RIGHT) _ _ _ - _ _ _ - _ _
- A2. Visit number: _0_ _0_
- A3. Subject initials: _ . _ . _ .
- A4. Form version: _0_ _1_ / _1_ _5_ / _9_ _6_
- A5. Today's date: _ _ _ / _ _ _ / _ _ _
- A6. Initials of person completing Section A: _ . _ . _ .

SECTION B TO BE COMPLETED BY PATIENT.

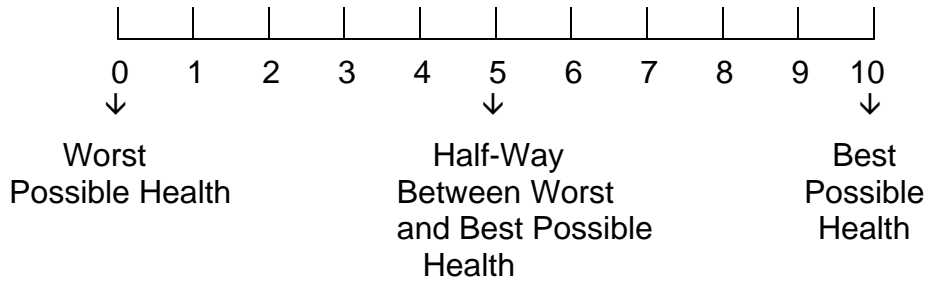
People's health can affect many aspects of their lives. We are interested in how your health is affecting your life. On the following pages are a number of questions about different areas of your life. Please read each question carefully. Since there are no right or wrong answers, usually your first thought is the best. We are interested in how you feel about your life.

SECTION B -- Quality of Life

B1. In general, would you say your health is: (Check one box)

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

B2. How would you rate your overall health? (Circle One Number)



B3. During the past 4 weeks, has your health kept you from working at a job, doing work around the house or going to school? (Check only one box)

- 1. Yes, for all of the time
- 2. Yes, for some of the time
- 3. No

B4. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Check only one box)

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

B5. During the past 4 weeks, have you been unable to do certain kinds or amounts of work, housework or schoolwork because of your health? (Check only one box)

- 1. Yes, for all of the time
- 2. Yes, for some of the time
- 3. No

B6. During the past 4 weeks, how much did bodily pain interfere with normal work (including work outside the house and housework)? (Check only one box)

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

B7. How much, if at all, does your health limit you in each of the following activities? (Check only one box in each line.)

How much does your health limit:	1. Limited a lot	2. Limited a little	3. Not limited at all
a. The kinds or amounts of <u>vigorous activities</u> you can do, like lifting heavy objects, running or participating in strenuous sports?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The kinds or amounts of <u>moderate activities</u> you can do, like moving a table or carrying groceries?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Walking uphill or climbing a few flights of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eating, dressing, bathing or using the toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B8. For each of the following questions, check the box for the one answer that comes closest to the way you have been feeling during the past 4 weeks. (Check one box in each line)

		1. <u>All of</u> <u>the time</u>	2. <u>Most of</u> <u>the time</u>	3. <u>A</u> <u>good bit</u> <u>of the</u> <u>time</u>	4. <u>Some</u> <u>of the</u> <u>time</u>	5. <u>A</u> <u>little of</u> <u>the</u> <u>time</u>	6. <u>None</u> <u>of the</u> <u>time</u>
	How much of the time during the <u>past 4 weeks</u> :						
a.	Has <u>your</u> physical health or emotional problems limited your social activities (like visiting with friends or close relatives)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Did you have trouble keeping your attention on an activity for long?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Did you have difficulty reasoning and solving problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Have you felt calm and peaceful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Have you felt downhearted and blue?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Did you feel tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Did you have enough energy to do the things you wanted to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Have you been happy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Did you forget things that have happened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B9. How much bodily pain have you had during the past 4 weeks?
 (Check only one box)

- 1. None
- 2. Very mild.....
- 3. Mild.....
- 4. Moderate
- 5. Severe
- 6. Very severe.....

B10. Below is a scale ranging from “never” to “always”. Please indicate how often each of these statements has been true for you in the past two weeks.
 (Check one box in each line)

	1. <u>Never</u>	2. <u>Seldom</u>	3. <u>Some- times</u>	4. <u>About as often as not</u>	5. <u>Frequently</u>	6. <u>Very often</u>	7. <u>Always</u>
a. You felt needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You felt isolated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You have withdrawn from socializing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You lacked energy to socialize with friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. You spent quality time with friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B11. The following is a list of physical symptoms of various kinds. Please indicate whether and to what extent you've experienced any of these symptoms during the past month. (Check one box in each line)

During the past month have you had:	1. <u>Not Present</u>	2. <u>Mild</u>	3. <u>Moderate</u>	4. <u>Severe</u>	5. <u>Very Severe</u>
a. Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Night sweats, shaking or chills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Unintentional weight loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fatigue, tiredness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B12. Many things in your day-to-day life can affect how you feel. Please read the list of words below and check the response for each that best describes how you've been feeling during the past month including today. (Check one box in each line)

	1. <u>Not at all</u>	2. <u>A Little</u>	3. <u>Moderately</u>	4. <u>Quite a bit</u>	5. <u>Extremely</u>
a. Irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Drained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Resentful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Worn out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Exhausted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for taking the time to fill out this questionnaire.

END OF FORM

VIRAL ACTIVATION TRANSFUSION STUDY (VATS)
FORM 8 -- BASELINE QUALITY OF LIFE QUESTIONNAIRE

SECTION A TO BE COMPLETED BY CLINICAL COORDINATOR.

SECTION A -- GENERAL INFORMATION

A1. Subject ID: (ENTER ID NUMBER OR AFFIX LABEL AT THE RIGHT)

____ - ____ - ____ - ____

A2. Visit number:

 0 0

A3. Subject initials:

____. ____.

A4. Form version:

 1 2 / 1 5 / 9 5

A5. Today's date:

____ / ____ / ____

A6. Initials of person completing Section A:

____. ____.

SECTION B TO BE COMPLETED BY PATIENT.

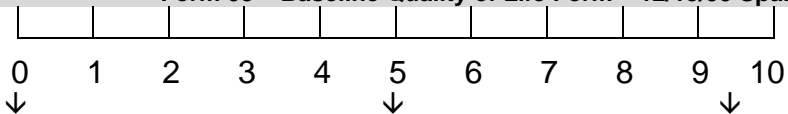
La salud de las personas puede afectar muchos aspectos de sus vidas. Nosotros estamos interesados en saber de qué manera su salud está afectando su vida. En las páginas siguientes encontrará varias preguntas que se refieren a distintas áreas de su vida. Por favor lea cada pregunta con mucho cuidado. Puesto que no existen respuestas correctas ni incorrectas, por lo general, lo primero que piense es lo mejor. Nos interesa saber cómo se siente acerca de su vida.

Sección B -- Calidad de Vida

B1. En general, diría usted que su salud está: (Escoja un cuadrado)

- 1. Excelente
- 2. Muy buena
- 3. Buena
- 4. Regular
- 5. Mala

B2. General, ¿cómo evaluaría la calidad de su vida?
(Haga un círculo alrededor de sólo un número)



La Calidad De
Salud Peor
Posible

La Mitad De La
Distancia Entre La
Peor Salud y La Mejor
Salud Posible

La Mejor
calidad de
salud posible

B3. Durante las últimas 4 semanas, ¿usted ha faltado al trabajo o a la escuela o no ha podido hacer trabajo en casa a causa de su estado de salud?
(Escoja un cuadrado solamente)

1. Si, durante todo el tiempo

2. Si, durante parte del tiempo

3. No

B4. Durante las últimas 4 semanas, ¿hasta qué punto ha impedido su salud física o problemas emocionales el participar en sus actividades normales sociales con familia, los amigos, los vecinos, o grupos? (Escoja un cuadrado solamente)

1. Ningún

2. Ligero

3. Moderado

4. Severo

5. Muy severo

B5. Durante las últimas 4 semanas, ¿usted no ha podido hacer ciertos tipos de o cierta cantidad de trabajo, quehaceres, o tarea escolar a causa de su estado de salud? (Escoja un cuadrado solamente)

- 1. Si, durante todo el tiempo
- 2. Si, durante parte del tiempo
- 3. No

B6. Durante las últimas 4 semanas, ¿hasta qué punto impidió un dolor de cuerpo a su trabajo normal (incluyendo el trabajo fuera de casa y el trabajo en casa)? (Escoja un cuadrado solamente)

- 1. Ningún.....
- 2. Ligero
- 3. Moderado.....
- 4. Severo.....
- 5. Muy severo

B7. ¿Cuánto, si acaso, le limita su salud en cada de las siguientes actividades? (Escoja un cuadrado solamente en cada línea)

¿Cuánto limita su salud...	1. <u>Me</u> <u>limita</u> <u>mucho</u>	2. <u>Me</u> <u>limita</u> <u>poco</u>	3. <u>No me</u> <u>limita</u> <u>nada</u>
a. Los tipos de o cantidad de actividades vigorosas que puede hacer, ya sea levantar cosas pesadas, correr, o participar en deportes vigorosos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Los tipos de o cantidad de actividades moderadas que puede hacer, ya sea mover una mesa, o cargar el mandado de la tienda?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Caminar cuesta arriba o subir unas pocas escaleras?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Comer, vestirse, bañarse o usar el baño?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B8. Para cada una de las siguientes preguntas, favor de escoger un cuadrado que corresponda a la respuesta que mejor describa como se ha sentido usted durante las últimas 4 semanas.

	1. <u>Todo el tiempo</u>	2. <u>Casi todo el tiempo</u>	3. <u>Una buena cantidad del tiempo</u>	4. <u>Parte del tiempo</u>	5. <u>Poca parte del tiempo</u>	6. <u>Ninguna parte del tiempo</u>
¿Por cuánto tiempo durante las últimas 4 semanas:						
a. ¿Han sido <u>limitadas</u> sus actividades sociales (como visitar a los amigos o a parientes cercanos) a causa de su salud física o sus problemas emocionales?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. ¿Tuvo problemas en concentrarse en una actividad por largo rato?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ¿Tuvo dificultades para razonar problemas y solucionarlos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. ¿Se ha sentido usted tranquilo y en paz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ¿Se ha sentido usted deprimido y triste?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. ¿Se sintió cansado?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. ¿Tuvo bastante energía para hacer las cosas que quería hacer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. ¿Se ha sentido feliz?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. ¿Se olvidó de cosas que han sucedido?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B9. ¿Cuánto dolor de cuerpo ha tenido durante las últimas 4 semanas?
(Escoja un cuadrado solamente)

- 1. Ningún
- 2. Muy ligero
- 3. Ligero.....
- 4. Moderado
- 5. Severo
- 6. Muy severo

B10. A continuación se presenta una escala que variará desde “nunca” hasta “siempre”. Por favor indique con qué frecuencia cada una de estas declaraciones ha sido verdadera para usted durante las últimas dos semanas. (Escoja un cuadrado en cada línea)

	1. <u>Nunca</u>	2. <u>Rara</u> <u>vez</u>	3. <u>Algunas</u>	4. <u>La</u> <u>mitad</u> <u>de las</u> <u>veces</u>	5. <u>Con</u> <u>frecuencia</u>	6. <u>Muy a</u> <u>men-</u> <u>udo</u>	7. <u>Siempre</u>
a. Se sintió necesitado(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Se sintió aislado(a).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Se ha retirado de las .actividades sociales	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Le faltaron energías para socializar con amigos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pasó momentos preciosos con amigos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B11. A continuación se encuentra una lista de síntomas físicos de varios tipos. Por favor indique si ha tenido alguno de estos síntomas, y con qué intensidad, durante el mes pasado. (Escoja un cuadrado en cada línea)

		1. <u>para nada en lo absoluto</u>	2. <u>Leve(s)</u>	3. <u>de manera moderada</u>	4. <u>de manera severa</u>	5. <u>de manera muy severa</u>
	Durante el mes pasado, ¿ha tenido:					
a.	Fiebre?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Sudores nocturnos, estremecimiento o escalofríos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Reducción de peso no intencional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Fatiga, cansancio?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B12. En su vida diaria, muchas cosas pueden afectar la manera en que usted se siente. Por favor lea la lista de palabras que se presenta a continuación y marque LA respuesta (sólo una en cada línea) que describa de la mejor manera cómo se ha sentido usted durante el mes pasado, incluyendo este día.

		1. <u>Para nada en lo absoluto</u>	2. <u>un poco</u>	3. <u>de manera moderada</u>	4. <u>Bas-tante</u>	5. <u>En gran medida</u>
a.	Malhumorado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Sin energía	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Resentido(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Agotado(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	Exhausto(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Enfadado(a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gracias por el tiempo que nos dedicó para llenar este cuestionario.

EL FINAL DEL QUESTIONARIO

BASELINE QUALITY OF LIFE FORM – FM08DATA

PUB_ID ----- SUBJECT ID
 type: numeric (float)
 range: [1,531] units: 1
 unique values: 487 coded missing: 0 / 487
 mean: 267.454
 std. dev: 153.151
 percentiles: 10% 25% 50% 75% 90%
 53 136 267 401 479

VISNUM ----- A2.VISIT NUMBER
 type: string (str2)
 unique values: 1 coded missing: 0 / 487
 tabulation: Freq. Value
 487 "00"

VISNUM:

1. Since this form is only used at baseline visit (QU 00), this variable is always coded as 00.

FORM_V ----- A4.FORM VERSION
 type: numeric (float)
 label: FORM_V
 range: [12979,13163] units: 1
 unique values: 3 coded missing: 0 / 487
 tabulation: Freq. Numeric Label
 153 12979 07/15/95
 12 13132 12/15/95
 322 13163 01/15/96

FORM_V:

1. The 12/15/95 version was in Spanish.

COMP_D ----- A5.DATE FORM COMPLETED (TODAY'S DATE)

type: numeric (float)
 range: [-2,53] units: 1
 unique values: 21 coded missing: 0 / 487

tabulation:	Freq.	Value
	1	-2
	6	-1
	329	0
	91	1
	13	2
	9	3
	9	4
	2	5
	5	6
	6	7
	5	8
	1	9
	1	10
	2	14
	1	15
	1	17
	1	18
	1	21
	1	27
	1	37
	1	53

COMP_D:

1. This variable has been coded as the number of days since Randomization (Negative values indicate dates before Randomization; positive values indicate dates subsequent to Randomization)

HEALTH ----- B1.GENERAL HEALTH

type: numeric (float)
 label: HEALTH
 range: [1,5] units: 1
 unique values: 5 coded missing: 5 / 487

tabulation:	Freq.	Numeric	Label
	8	1	1:Excellent
	27	2	2:Very good
	125	3	3:Good
	208	4	4:Fair
	114	5	5:Poor

OVERALL ----- B2.OVERALL HEALTH

type: numeric (float)
 range: [0,10] units: .1
 unique values: 20 coded missing: 7 / 487

tabulation:	Freq.	Value
	11	0
	1	.5
	6	1
	1	1.5
	30	2
	4	2.5
	70	3
	1	3.5
	63	4
	1	4.5
	154	5
	2	5.5
	49	6
	44	7
	1	7.5
	24	8
	2	8.5
	6	9
	1	9.5
	9	10

HLTHKEPT ----- B3.HEALTH KEPT YOU FROM WORKING

type: numeric (float)
 label: HLTHKEPT
 range: [1,3] units: 1
 unique values: 3 coded missing: 3 / 487

tabulation:	Freq.	Numeric	Label
	232	1	1:Yes, for all of the time
	203	2	2:Yes, for some of the time
	49	3	3:No

INTERFER ----- B4.HEALTH INTERFERE WITH SOCIALIZING

type: numeric (float)
 label: INTERFER
 range: [1,5] units: 1
 unique values: 5 coded missing: 3 / 487

tabulation:	Freq.	Numeric	Label
	72	1	1:Not at all
	78	2	2:Slightly
	101	3	3:Moderately
	154	4	4:Quite a bit
	79	5	5:Extremely

UNABLWRK ----- B5.UNABLE TO DO CERTAIN WORK

type: numeric (float)
label: UNABLWRK

range: [1,3] units: 1
unique values: 3 coded missing: 3 / 487

tabulation: Freq. Numeric Label

187	1	1:Yes, for all of the time
244	2	2:Yes, for some of the time
53	3	3:No

PAININTF ----- B6.BODILY PAIN INTERFERED WITH WORK

type: numeric (float)
label: PAININTF

range: [1,5] units: 1
unique values: 5 coded missing: 3 / 487

tabulation: Freq. Numeric Label

88	1	1:Not at all
78	2	2:Slightly
89	3	3:Moderately
148	4	4:Quite a bit
81	5	5:Extremely

VIG_ACT ----- B7a.HEALTH LIMITING - VIGOROUS ACTIVITY

type: numeric (float)
label: VIG_ACT

range: [1,3] units: 1
unique values: 3 coded missing: 4 / 487

tabulation: Freq. Numeric Label

360	1	1:Limited a lot
86	2	2:Limited a little
37	3	3:Not limited at all

MOD_ACT ----- B7b.HEALTH LIMITING - MODERATE ACTIVITY

type: numeric (float)
label: MOD_ACT

range: [1,3] units: 1
unique values: 3 coded missing: 6 / 487

tabulation: Freq. Numeric Label

190	1	1:Limited a lot
215	2	2:Limited a little
76	3	3:Not limited at all

STAIRS ----- B7c.WALKING UPHILL OR CLIMBING STAIRS

type: numeric (float)
label: STAIRS

range: [1,3] units: 1
unique values: 3 coded missing: 7 / 487

tabulation: Freq. Numeric Label

245	1	1:Limited a lot
186	2	2:Limited a little
49	3	3:Not limited at all

EATING ----- B7d.EATING, DRESSING, BATHING

type: numeric (float)
label: EATING

range: [1,3] units: 1
unique values: 3 coded missing: 7 / 487

tabulation:	Freq.	Numeric	Label
	69	1	1:Limited a lot
	180	2	2:Limited a little
	231	3	3:Not limited at all

LIMSOCIA ----- B8a.LIMITED SOCIAL ACTIVITIES

type: numeric (float)
label: LIMSOCIA

range: [1,6] units: 1
unique values: 6 coded missing: 6 / 487

tabulation:	Freq.	Numeric	Label
	87	1	1:All of the time
	113	2	2:Most of the time
	70	3	3:A good bit of the time
	93	4	4:Some of the time
	50	5	5:A little bit of the time
	68	6	6:None of the time

KEEPATTN ----- B8b.KEEP ATTENTION ON ACTIVITY

type: numeric (float)
label: KEEPATTN

range: [1,6] units: 1
unique values: 6 coded missing: 6 / 487

tabulation:	Freq.	Numeric	Label
	30	1	1:All of the time
	77	2	2:Most of the time
	69	3	3:A good bit of the time
	112	4	4:Some of the time
	56	5	5:A little bit of the time
	137	6	6:None of the time

REASONIN ----- B8c.REASONING AND PROBLEM SOLVING

type: numeric (float)
label: REASONIN

range: [1,6] units: 1
unique values: 6 coded missing: 8 / 487

tabulation:	Freq.	Numeric	Label
	16	1	1:All of the time
	50	2	2:Most of the time
	49	3	3:A good bit of the time
	90	4	4:Some of the time
	75	5	5:A little bit of the time
	199	6	6:None of the time

CALM ----- B8d.FELT CALM AND PEACEFUL

type: numeric (float)
label: CALM

range: [1,6] units: 1
unique values: 6 coded missing: 9 / 487

tabulation:	Freq.	Numeric	Label
	32	1	1:All of the time
	110	2	2:Most of the time
	64	3	3:A good bit of the time
	133	4	4:Some of the time
	94	5	5:A little bit of the time
	45	6	6:None of the time

BLUE ----- B8e.FELT DOWNHEARTED AND BLUE

type: numeric (float)
label: BLUE

range: [1,6] units: 1
unique values: 6 coded missing: 8 / 487

tabulation:	Freq.	Numeric	Label
	30	1	1:All of the time
	75	2	2:Most of the time
	68	3	3:A good bit of the time
	129	4	4:Some of the time
	105	5	5:A little bit of the time
	72	6	6:None of the time

TIRED ----- B8f.FELT TIRED

type: numeric (float)
label: TIRED

range: [1,6] units: 1
unique values: 6 coded missing: 12 / 487

tabulation:	Freq.	Numeric	Label
	137	1	1:All of the time
	161	2	2:Most of the time
	69	3	3:A good bit of the time
	71	4	4:Some of the time
	24	5	5:A little bit of the time
	13	6	6:None of the time

ENERGY ----- B8g.ENOUGH ENERGY

type: numeric (float)
label: ENERGY

range: [1,6] units: 1
unique values: 6 coded missing: 8 / 487

tabulation:	Freq.	Numeric	Label
	21	1	1:All of the time
	66	2	2:Most of the time
	42	3	3:A good bit of the time
	109	4	4:Some of the time
	136	5	5:A little bit of the time
	105	6	6:None of the time

HAPPY ----- B8h.HAVE BEEN HAPPY

type: numeric (float)
label: HAPPY

range: [1,6] units: 1
unique values: 6 coded missing: 9 / 487

tabulation:	Freq.	Numeric	Label
	34	1	1:All of the time
	132	2	2:Most of the time
	73	3	3:A good bit of the time
	123	4	4:Some of the time
	77	5	5:A little bit of the time
	39	6	6:None of the time

FORGET ----- B8i.FORGET THINGS

type: numeric (float)
label: FORGET

range: [1,6] units: 1
unique values: 6 coded missing: 6 / 487

tabulation:	Freq.	Numeric	Label
	18	1	1:All of the time
	37	2	2:Most of the time
	52	3	3:A good bit of the time
	113	4	4:Some of the time
	79	5	5:A little bit of the time
	182	6	6:None of the time

PAIN4WKS ----- B9.BODILY PAIN DURING PAST 4 WEEKS

type: numeric (float)
label: PAIN4WKS

range: [1,6] units: 1
unique values: 6 coded missing: 6 / 487

tabulation:	Freq.	Numeric	Label
	69	1	1:None
	48	2	2:Very mild
	61	3	3:Mild
	149	4	4:Moderate
	112	5	5:Severe
	42	6	6:Very severe

NEEDED ----- B10a.YOU FELT NEEDED

type: numeric (float)
label: NEEDED

range: [1,7] units: 1
unique values: 7 coded missing: 9 / 487

tabulation:	Freq.	Numeric	Label
	39	1	1:Never
	64	2	2:Seldom
	112	3	3:Sometimes
	62	4	4:About as often as not
	65	5	5:Frequently
	60	6	6:Very often
	76	7	7:Always

ISOLATED ----- B10b.YOU FELT ISOLATED

type: numeric (float)
label: ISOLATED

range: [1,7] units: 1
unique values: 7 coded missing: 11 / 487

tabulation:	Freq.	Numeric	Label
	105	1	1:Never
	66	2	2:Seldom
	136	3	3:Sometimes
	27	4	4:About as often as not
	69	5	5:Frequently
	57	6	6:Very often
	16	7	7:Always

WITHDRWN ----- B10c.HAVE WITHDRAWN FROM SOCIALIZING

type: numeric (float)
label: WITHDRWN

range: [1,7] units: 1
unique values: 7 coded missing: 10 / 487

tabulation:	Freq.	Numeric	Label
	97	1	1:Never
	49	2	2:Seldom
	118	3	3:Sometimes
	31	4	4:About as often as not
	77	5	5:Frequently
	68	6	6:Very often
	37	7	7:Always

LACKENER ----- B10d.LACKED ENERGY TO SOCIALIZE

type: numeric (float)
label: LACKENER

range: [1,7] units: 1
unique values: 7 coded missing: 8 / 487

tabulation:	Freq.	Numeric	Label
	58	1	1:Never
	44	2	2:Seldom
	107	3	3:Sometimes
	32	4	4:About as often as not
	80	5	5:Frequently
	96	6	6:Very often
	62	7	7:Always

FRIENDS ----- B10e.SPENT QUALITY TIME WITH FRIENDS

type: numeric (float)
label: FRIENDS

range: [1,7] units: 1
unique values: 7 coded missing: 6 / 487

tabulation:	Freq.	Numeric	Label
	62	1	1:Never
	104	2	2:Seldom
	122	3	3:Sometimes
	44	4	4:About as often as not
	62	5	5:Frequently
	57	6	6:Very often
	30	7	7:Always

FEVER ----- B11a.PHYSICAL SYMPTOM - FEVER

type: numeric (float)
label: FEVER

range: [1,5] units: 1
unique values: 5 coded missing: 9 / 487

tabulation:	Freq.	Numeric	Label
	130	1	1:Not present
	118	2	2:Mild
	107	3	3:Moderate
	76	4	4:Severe
	47	5	5:Very severe

SWEATS ----- B11b.PHYSICAL SYMPTOM - SWEATS

type: numeric (float)
label: SWEATS

range: [1,5] units: 1
unique values: 5 coded missing: 9 / 487

tabulation:	Freq.	Numeric	Label
	140	1	1:Not present
	108	2	2:Mild
	116	3	3:Moderate
	76	4	4:Severe
	38	5	5:Very severe

WT_LOSS ----- B11c.PHYSICAL SX - UNINTENT WEIGHT LOSS

type: numeric (float)
label: WT_LOSS

range: [1,5] units: 1
unique values: 5 coded missing: 9 / 487

tabulation:	Freq.	Numeric	Label
	135	1	1:Not present
	94	2	2:Mild
	96	3	3:Moderate
	97	4	4:Severe
	56	5	5:Very severe

FATIGUE ----- B11d.PHYSICAL SYMPTOM - FATIGUE/TIRED

type: numeric (float)
label: FATIGUE

range: [1,5] units: 1
unique values: 5 coded missing: 7 / 487

tabulation:	Freq.	Numeric	Label
	14	1	1:Not present
	54	2	2:Mild
	131	3	3:Moderate
	178	4	4:Severe
	103	5	5:Very severe

IRRITATD ----- B12a.FEELING IRRITATED

type: numeric (float)
label: IRRITATD

range: [1,5] units: 1
unique values: 5 coded missing: 16 / 487

tabulation:	Freq.	Numeric	Label
	89	1	1:Not at all
	168	2	2:A little
	100	3	3:Moderately
	83	4	4:Quite a bit
	31	5	5:Extremely

DRAINED ----- B12b.FEELING DRAINED

type: numeric (float)
label: DRAINED

range: [1,5] units: 1
unique values: 5 coded missing: 13 / 487

tabulation:	Freq.	Numeric	Label
	36	1	1:Not at all
	80	2	2:A little
	96	3	3:Moderately
	180	4	4:Quite a bit
	82	5	5:Extremely

RESENT ----- B12c.FEELING RESENTFUL

type: numeric (float)
label: RESENT

range: [1,5] units: 1
unique values: 5 coded missing: 19 / 487

tabulation:	Freq.	Numeric	Label
	205	1	1:Not at all
	140	2	2:A little
	60	3	3:Moderately
	44	4	4:Quite a bit
	19	5	5:Extremely

WORN_OUT ----- B12d.FEELING WORN OUT

type: numeric (float)
label: WORN_OUT

range: [1,5] units: 1
unique values: 5 coded missing: 15 / 487

tabulation:	Freq.	Numeric	Label
	28	1	1:Not at all
	83	2	2:A little
	80	3	3:Moderately
	182	4	4:Quite a bit
	99	5	5:Extremely

EXHAUSTD ----- B12e.FEELING EXHAUSTED

type: numeric (float)
label: EXHAUSTD

range: [1,5] units: 1
unique values: 5 coded missing: 10 / 487

tabulation:	Freq.	Numeric	Label
	35	1	1:Not at all
	89	2	2:A little
	69	3	3:Moderately
	180	4	4:Quite a bit
	104	5	5:Extremely

ANGRY ----- B12f.FEELING ANGRY

type: numeric (float)
label: ANGRY

range: [1,5] units: 1
unique values: 5 coded missing: 16 / 487

tabulation:	Freq.	Numeric	Label
	165	1	1:Not at all
	168	2	2:A little
	63	3	3:Moderately
	45	4	4:Quite a bit
	30	5	5:Extremely