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**ACTIVITY COUNSELING TRIAL  
HEALTH RELATED QUALITY OF LIFE QUESTIONNAIRE  
INFLUENCES ON ACTIVITY QUESTIONNAIRE**

<b>Clinic Use Only</b>								
ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	Acrostic	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date Distributed	<input type="text"/>	<input type="text"/>	<input type="text"/>	Date Returned	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Mon	Day	Year		Mon	Day	Year	
Reviewed by	<input type="text"/>	<input type="text"/>	(staff code)	Visit Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

This booklet contains two questionnaires. One will ask your opinions about your health and daily activities, the other will ask you questions about what influences your usual activity. Please read each question carefully and answer as accurately as possible by marking with an 'X' the appropriate box or by filling in the blanks.

Please bring the completed questionnaire with you to your next scheduled ACT appointment. If you are unsure how to answer a question or need help, please skip that item, and ask an ACT staff person for help when you return to the clinic.

Acrostic:

**ACT HRQL Form**

We are interested in your opinions about your health and activities. Below are several questions about experiences that people may have day to day. Please read each question carefully and mark the one box that best describes you. There are no right or wrong answers.

**THE FOLLOWING QUESTIONS ASK ABOUT YOUR HEALTH AND DAILY ACTIVITIES.**

1. During the past 4 weeks, on how many days did health problems cause you to do the following (for each question, please write in the number of days in the blank. Use a '0' if your answer is no days):

- a. Stay in bed all or most of the day? **STAYBED** \_\_\_\_\_ Days in past 4 weeks
- b. Cut down on your usual activities all or most of the day **CUTDOWN** \_\_\_\_\_ Days in past 4 weeks
- c. Feel less well than usual for all or most of the day **LESSWELL** \_\_\_\_\_ Days in past 4 weeks

2. In general, would you say your health is: **HEALTH**

- Excellent
- Very good
- Good
- Fair
- Poor

3. Compared to one year ago, how would you rate your health in general now? **HEALTH1**

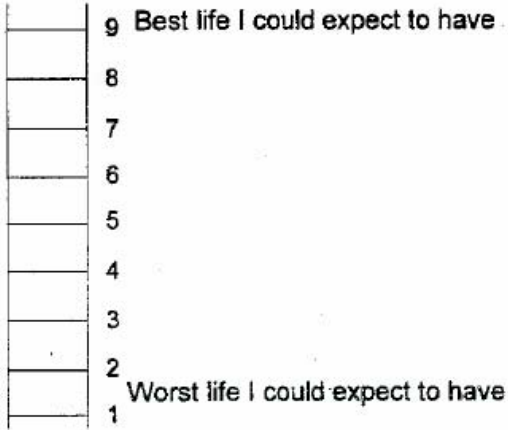
- Much better now
- Somewhat better now
- About the same
- Somewhat worse
- Much worse

*Please turn to the next page.*

Acrostic:

THE FOLLOWING QUESTIONS ARE ABOUT YOUR QUALITY OF LIFE.

4. Here is a picture of a ladder. At the bottom of the ladder is the worst situation you might reasonably expect to have. At the top is the best you might expect to have. The other rungs are in between. Please circle the number that best describes your overall life satisfaction during the past 4 weeks? **LIFE4**



IN THE PAST 4 WEEKS, HOW SATISFIED HAVE YOU BEEN WITH. .	Very Dissatisfied	Somewhat Dissatisfied	A little Dissatisfied	Neither	A Little Satisfied	Somewhat Satisfied	Very Satisfied
5. how well you think and remember? <b>THINK</b>							
6. the amount of walking you do? <b>AMT_WALK</b>							
7. how often you get outside the house, going into town, using public transportation or driving? <b>GET_OUT</b>							
8. how often you see or talk to your family and friends? <b>FAM_SEE</b>							
9. the help you give to your family and friends? <b>FAM_HELP</b>							
10. your contribution to your community, neighborhood, religious or other group? <b>CONTRIB</b>							
11. your retirement or current job? <b>RETIRWRK</b>							
12. the kind and amount of recreation or leisure you have? <b>LEISURE</b>							



Acrostic:

IN THE PAST 4 WEEKS, HOW SATISFIED HAVE YOU BEEN WITH. .	Very Dissatisfied	Somewhat Dissatisfied	A little Dissatisfied	Neither	A Little Satisfied	Somewhat Satisfied	Very Satisfied
13. your level of sexual activity or lack of sexual activity? <b>SEXUAL</b>							
14. how respected you are by others? <b>RESPECT</b>							
15. the meaning and purpose of your life? <b>MEANLIFE</b>							
16. the amount of variety in your life? <b>AMT_VAR</b>							
17. the amount and kind of sleep you get? <b>AMTSLEEP</b>							
18. how happy you are? <b>HOWHAPPY</b>							
19. your overall level of physical fitness? <b>PHYSFIT</b>							
20. the muscle strength in your legs? <b>LEG</b>							
21. your level of endurance or stamina? <b>STAMINA</b>							
22. your muscle tone? <b>TONE</b>							
23. your overall level of energy? <b>ENERGY</b>							
24. your physical ability to do what you want or need to do? <b>PHYSICAL</b>							
25. your weight? <b>WEIGHT</b>							
26. your shape? <b>SHAPE</b>							
27. your overall physical appearance? <b>APPEAR</b>							

BELOW ARE SOME STATEMENTS THAT PEOPLE MAY USE TO DESCRIBE THEMSELVES. FOR EACH ITEM, PLEASE CHECK THE ONE ANSWER THAT DESCRIBES HOW YOU GENERALLY FEEL.

IN THE PAST 4 WEEKS, HOW MUCH OF THE TIME HAVE YOU. . .	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
28. been upset because of something that happened unexpectedly? <b>UPSET</b>						
29. felt that you were unable to control the important things in your life? <b>IMPORT</b>						
30. felt nervous and "stressed"? <b>NERVOUS</b>						

*Please turn to the next page.*

Acrostic:

IN THE PAST 4 WEEKS, HOW MUCH OF THE TIME HAVE YOU . . .	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
31. dealt successfully with irritating life hassles? <b>HASSLES</b>						
32. felt that you were effectively coping with important changes that were occurring in your life? <b>CHANGES</b>						
33. felt confident about your ability to handle your personal problems? <b>PERSPROB</b>						
34. felt that things were going your way? <b>YOUR_WAY</b>						
35. found that you could not cope with all the things that you had to do? <b>NOT_COPE</b>						
36. been able to control irritations in your life? <b>IRRITATE</b>						
37. felt that you are on top of things? <b>ON_TOP</b>						
38. been angered because of things that happened that were outside of your control? <b>OUT_CTRL</b>						
39. found yourself thinking about things that you have to accomplish? <b>ACCOMP</b>						
40. been able to control the way you spend your time? <b>SPNDTIME</b>						
41. felt difficulties were piling up so high that you could not overcome them? <b>OVERCOME</b>						

THE NEXT TWO QUESTIONS ASK ABOUT ANY BODILY PAIN YOU MAY HAVE EXPERIENCED.

42. During the past four weeks, how much bodily pain have you had? **BODYPAIN**

- None     
  Very Mild     
  Mild     
  Moderate (Medium)     
  Severe     
  Very Severe

43. During the past four weeks, how much did pain interfere with your normal work (both outside your home and at home)? **PAINWORK**

- Not at all     
  A little bit     
  Moderately (Medium)     
  Quite a bit     
  Extremely



**THE FOLLOWING QUESTIONS ASK ABOUT YOUR THOUGHTS AND FEELINGS.**

44. Over the past WEEK to what extent have you felt each of the following moods (check one answer for each item a through l).

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
a. Refreshed <b>REFRESH</b>						
b. Calm <b>CALM</b>						
c. Fatigued <b>FATIGUE</b>						
d. Enthusiastic <b>ENTHUS</b>						
e. Relaxed <b>RELAX</b>						
f. Energetic <b>ENERGET</b>						
g. Happy <b>HAPPYT</b>						
h. Tired <b>TIRED</b>						
i. Revived <b>REVIVE</b>						
j. Peaceful <b>PEACE</b>						
k. Worn-out <b>WORN</b>						
l. Upbeat <b>UPBEAT</b>						

**FOR EACH GROUP OF STATEMENTS BELOW, PLEASE CHECK THE BOX THAT BEST DESCRIBES YOUR FEELINGS IN THE PAST WEEK. (CHECK ONE)**

45.  **SAD1** I do not feel sad.  
 **SAD2** I feel sad.  
 **SAD3** I am sad all the time and I can't snap out of it.  
 **SAD4** I am so sad or unhappy that I can't stand it.
46.  **FUTURE1** am not particularly discouraged about the future.  
 **FUTURE2** feel discouraged about the future.  
 **FUTURE3** feel I have nothing to look forward to.  
 **FUTURE4** feel that the future is hopeless and that things cannot improve.

*Please turn to the next page.*

47. **FAILURE1** I do not feel like a failure.  
**FAILURE2** I feel I have failed more than the average person.  
**FAILURE3** As I look back on my life, all I can see is a lot of failures.  
**FAILURE4** I feel I am a complete failure as a person.
48. **SATISFY1** I get as much satisfaction out of things as I used to.  
**SATISFY2** I don't enjoy things the way I used to.  
**SATISFY3** I don't get real satisfaction out of anything anymore.  
**SATISFY4** I am dissatisfied or bored with everything.
49. **GUILTY1** I don't feel particularly guilty.  
**GUILTY2** I feel guilty a good part of the time.  
**GUILTY3** I feel quite guilty most of the time.  
**GUILTY4** I feel guilty all of the time.
50. **PUNISH1** I don't feel I am being punished.  
**PUNISH2** I feel I may be punished.  
**PUNISH3** I expect to be punished.  
**PUNISH4** I feel I am being punished.
51. **HATE1** I don't feel disappointed in myself.  
**HATE2** I am disappointed in myself.  
**HATE3** I am disgusted with myself.  
**HATE4** I hate myself.
52. **BLAME1** I don't feel I am worse than anybody else.  
**BLAME2** I am critical of myself for my weaknesses or mistakes.  
**BLAME3** I blame myself all the time for my faults.  
**BLAME4** I blame myself for everything bad that happens.
53. **KILL1** I don't have any thoughts of killing myself.  
**KILL2** I have thoughts of killing myself, but I would not carry them out.  
**KILL3** I would like to kill myself.  
**KILL4** I would kill myself if I had the chance.

54. **CRY1** I don't cry any more than usual.  
**CRY2** I cry more now than I used to.  
**CRY3** I cry all the time now.  
**CRY4** I used to be able to cry, but now I can't cry even though I want to.
55. **ANNOY1** I am no more irritated now than I ever am.  
**ANNOY2** I get annoyed or irritated more easily than I used to.  
**ANNOY3** I feel irritated all the time now.  
**ANNOY4** I don't get irritated at all by the things that used to irritate me.
56. **INTREST1** I have not lost interest in other people.  
**INTREST2** I am less interested in other people than I used to be.  
**INTREST3** I have lost most of my interest in other people.  
**INTREST4** I have lost all of my interest in other people.
57. **DECIDE1** I make decisions about as well as I ever could.  
**DECIDE2** I put off making decisions more than I used to.  
**DECIDE3** I have greater difficulty in making decisions than before.  
**DECIDE4** I can't make decisions at all any more.
58. **LOOK1** I don't feel I look any worse than I used to.  
**LOOK2** I am worried that I am looking old or unattractive.  
**LOOK3** I feel that there are permanent changes in my appearance that make me look unattractive.  
**LOOK4** I believe that I look ugly.
59. **EFFORT1** I can work about as well as before.  
**EFFORT2** It takes an extra effort to get started at doing something.  
**EFFORT3** I have to push myself very hard to do anything.  
**EFFORT4** I can't do any work at all.
60. **SLEEP1** I can sleep as well as usual.  
**SLEEP2** I don't sleep as well as I used to.  
**SLEEP3** I wake up 1-2 hours earlier than usual and find it hard to get back to sleep.  
**SLEEP4** I wake up several hours earlier than I used to and cannot get back to sleep.

*Please turn to the next page.*



61.  **TIRE1** I don't get more tired than usual.  
 **TIRE2** I get tired more easily than I used to.  
 **TIRE3** I get tired from doing almost anything.  
 **TIRE4** I am too tired to do anything.

62.  **APPTITE1** My appetite is no worse than usual.  
 **APPTITE2** My appetite is not as good as it used to be.  
 **APPTITE3** My appetite is much worse now.  
 **APPTITE4** I have no appetite at all anymore.

63.  **POUNDS1** I haven't lost much weight, if any, lately.  
 **POUNDS2** I have lost more than 5 pounds.  
 **POUNDS3** I have lost more than 10 pounds.  
 **POUNDS4** I have lost more than 15 pounds.

I am purposely trying to lose weight by eating less.  Yes  No **EAT**

64.  **WORRY1** I am no more worried about my health than usual.  
 **WORRY2** I am worried about physical problems such as aches and pains, or upset stomach, or constipation.  
 **WORRY3** I am very worried about physical problems and it's hard to think of much else.  
 **WORRY4** I am so worried about my physical problems that I cannot think about anything else.

65.  **SEX1** I have not noticed any recent change in my interest in sex.  
 **SEX2** I am less interested in sex than I used to be.  
 **SEX3** I am much less interested in sex now.  
 **SEX4** I have lost interest in sex completely.

**Thank you, this is the end of the Health Related Quality of Life Questionnaire. Please turn to the next page and complete the Influences of Activity Questionnaire.**



