

Case ID Number

FI ID Number

Today's Date: ___ / ___ / ___

Self-Completion Booklet

Conducted by Research Triangle Institute

On Behalf of

The University of Arizona Center for Health Outcomes and Pharmacoeconomic
Research

April 2002

Form # 2

OWN HEALTH QUESTIONS

By placing a checkmark in one box in each group below, please indicate which statements best describe your own health state today.

Mobility

- | | | |
|--------------------------|---------------------------------------|--------------------------|
| <input type="checkbox"/> | I have no problems in walking about | <input type="checkbox"/> |
| <input type="checkbox"/> | I have some problems in walking about | <input type="checkbox"/> |
| <input type="checkbox"/> | I am confined to bed | <input type="checkbox"/> |

Self-Care

- | | | |
|--------------------------|---|--------------------------|
| <input type="checkbox"/> | I have no problems with self-care | <input type="checkbox"/> |
| <input type="checkbox"/> | I have some problems washing or dressing myself | <input type="checkbox"/> |
| <input type="checkbox"/> | I am unable to wash or dress myself | <input type="checkbox"/> |

Usual Activities (e.g., work, study, housework, family, or leisure activities)

- | | | |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | I have no problems with performing my usual activities | <input type="checkbox"/> |
| <input type="checkbox"/> | I have some problems with performing my usual activities | <input type="checkbox"/> |
| <input type="checkbox"/> | I am unable to perform my usual activities | <input type="checkbox"/> |

Pain/Discomfort

- | | | |
|--------------------------|------------------------------------|--------------------------|
| <input type="checkbox"/> | I have no pain or discomfort | <input type="checkbox"/> |
| <input type="checkbox"/> | I have moderate pain or discomfort | <input type="checkbox"/> |
| <input type="checkbox"/> | I have extreme pain or discomfort | <input type="checkbox"/> |

Anxiety/Depression

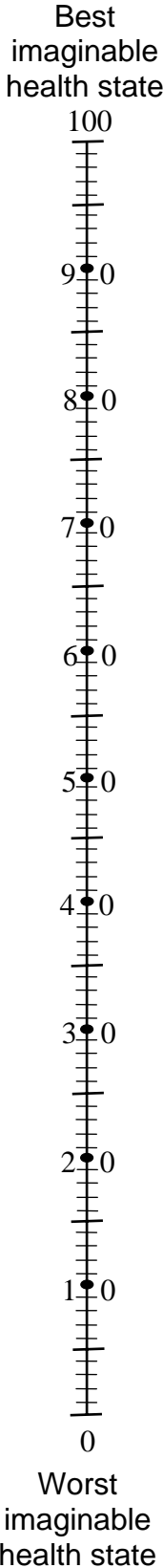
- | | | |
|--------------------------|--------------------------------------|--------------------------|
| <input type="checkbox"/> | I am not anxious or depressed | <input type="checkbox"/> |
| <input type="checkbox"/> | I am moderately anxious or depressed | <input type="checkbox"/> |
| <input type="checkbox"/> | I am extremely anxious or depressed | <input type="checkbox"/> |

Please tell your interviewer when you have finished.

CATEGORY RATING THERMOMETER

For Office Use Only

1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



OWN HEALTH SCALE

For Office Use Only

1.

Best
imaginable
health state

100

90

80

70

60

50

40

30

20

10

0

Worst
imaginable
health state