

Data Dictionary: PROMIS COPD Study

Registration::Registration

gender	
	Male = 1 Female = 2
DateofBirth	
	Date of Birth
DateEntered	
	Approached
SiteOID	
	UNC = DFAA518B-99BC-4723-BE56-886205C26245 ENH = A820C9CF-223F-4351-B6E4-67F4975B9323 Pitt = EDD24E53-8CF9-4AE8-8C85-041B25782921 Duke = 25BE9877-5F0E-480C-8110-A4102681B88F
eth_w	
	White = 1
eth_b	
	Black or African American = 1
eth_as	
	Asian = 1
eth_ai	
	American Indian or Alaska Native = 1
eth_pi	
	Native Hawaiian or Other Pacific Islanders = 1
eth_or	
	Other = 1
eth_h	
	Hispanic or Latino = 1
eth_na	
	Not Provided = 1
eth_h	
	Not Hispanic or Latino = 2 Not Provided = -1
Comments	
	Comments

Data Dictionary: PROMIS COPD Study

Clinical::Bclinical Info PT

bclinpt01

bclinpt01

What is your current height?

Feet = 1

Inches = 2

bclinpt02

bclinpt02

What is your current weight?

pounds = 1

bclinpt03

Do you have any other chronic health conditions besides COPD?

No (skip to Duration of COPD question) = 0

Yes = 1

bclinpt04

Have you ever been told by a doctor or a health professional that you have:

High blood pressure (hypertension)?

No = 0

Yes = 1

bclinpt05

Chest pain (angina)?

No = 0

Yes = 1

bclinpt06

Blockages in your heart arteries or hardening of the arteries (coronary artery disease)?

No = 0

Yes = 1

bclinpt07

Heart failure or congestive heart failure?

No = 0

Yes = 1

bclinpt08

Heart attack (myocardial infarction)?

No = 0

Yes = 1

bclinpt09

Stroke or transient ischemic attack (TIA)?

No = 0

Yes = 1

bclinpt10

Liver disease, hepatitis, or cirrhosis?

No = 0

Yes = 1

Data Dictionary: PROMIS COPD Study

Clinical::Bclinical Info PT

bclinpt11

Kidney disease?

No = 0

Yes = 1

bclinpt12

Arthritis or rheumatism?

No = 0

Yes = 1

bclinpt12a

Osteoarthritis or degenerative arthritis?

No = 0

Yes = 1

bclinpt13

Migraines or severe headaches?

No = 0

Yes = 1

bclinpt14

Asthma?

No = 0

Yes = 1

bclinpt15

Diabetes or high blood sugar or sugar in your urine?

No = 0

Yes = 1

bclinpt16

Depression?

No = 0

Yes = 1

bclinpt17

Anxiety?

No = 0

Yes = 1

bclinpt18

Asleep disorder?

No = 0

Yes = 1

bclinpt19

Cancer (other than non-melanoma skin cancer)?

No (skip type of cancer question) = 0

Yes = 1

bclinpt20

If you have had cancer what type of cancer did you have?

Please select your "primary" cancer diagnosis from the list below (usually where the cancer started).

- Bone/muscle (e.g. Sarcomas) = 1
- Lung = 2
- Brain = 3
- Melanoma = 4
- Breast = 5
- Multiple Myeloma = 6
- Colon or Rectum = 7
- Non-Hodgkin's Lymphoma = 8
- Esophagus or Stomach = 9
- Non Melanoma Skin = 10
- Gynecologic (e.g. Cervical, Ovarian, Uterine) = 11
- Pancreas = 12
- Head/Neck = 13
- Prostate = 14
- Hodgkin's Lymphoma = 15
- Urologic(e.g. Bladder, Kidney, Testis) = 16
- Leukemia = 17
- Liver = 18
- Unknown or Other = 19

bclinpt21

How long have you had COPD?

- Less than one year = 1
- 1-3 years = 2
- 4-5 years = 3
- More than 5 years = 4

bclinpt22

How many COPD exacerbations (i.e. needed to take extra Prednisone or an antibiotic) have you had in the <i><U>past 12 months</U></i>?

- None (skip to hospitalization question) = 1
- One = 2
- Between 2 and 5 = 3
- Between 6 and 10 = 4
- More than 10 = 5

bclinpt23

How many of these exacerbations have occurred in the <i><U>past 2 months</U></i>?

- None = 1
- One = 2
- Between 2 and 5 = 3
- Between 6 and 10 = 4
- More than 10 = 5

bclinpt24

How many hospitalizations due to COPD have you had in the <i><U>past 12 months</U></i>?

None (skip to emergency room question) = 1

One = 2

Between 2 and 5 = 3

Between 6 and 10 = 4

More than 10 = 5

bclinpt25

How many of these hospitalizations have occurred in the <i><U>past 2 months</U></i>?

None = 1

One = 2

Between 2 and 5 = 3

Between 6 and 10 = 4

More than 10 = 5

bclinpt26

How many emergency room visits due to COPD have you had in the <i><U>past 12 months</U></i>?

None = 1

One = 2

Between 2 and 5 = 3

Between 6 and 10 = 4

More than 10 = 5

bclinpt27

How many of these emergency room visits have occurred in the <i><U>past 2 months</U></i>?

None = 1

One = 2

Between 2 and 5 = 3

Between 6 and 10 = 4

More than 10 = 5

bclinpt28

What COPD symptoms are you currently experiencing? <i>(mark all that apply)</i>

Worse shortness of breath

Yes = 0

No = 1

bclinpt29

bclinpt29

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt30

Worse cough

Yes = 0

No = 1

bclinpt31

bclinpt31

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

Data Dictionary: PROMIS COPD Study

Clinical::Bclinical Info PT

bclinpt32

Increase in sputum or mucous

Yes = 0

No = 1

bclinpt33

bclinpt33

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt34

Fever

Yes = 0

No = 1

bclinpt35

bclinpt35

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt36

Breathing faster

Yes = 0

No = 1

bclinpt37

bclinpt37

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt38

Wheezing

Yes = 0

No = 1

bclinpt39

bclinpt39

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt40

Other symptoms

Yes = 0

No = 1

bclinpt41

bclinpt41

Please Specify

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt42

bclinpt42

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt43

What medications are you currently taking for COPD <i>(mark all that apply)?</i>

Proventil (albuterol) = 1	advair = 3	macrolide=18
Atrovent (ipratropium) = 2	ceftriaxone = 5	
Combivent (alb/ipra) = 4	levaquin = 6	
Spiriva (tiotropium) = 8	erythromycin = 7	
Serevent (sal/flutic) = 16	z-pak = 9	
Foradil (formoterol) = 32	doxycycline = 10	
Flovent (fluticasone) = 64	unknown = 11	
Pulmicort (budesonide) = 128	symbicort = 12	
Azmacort (triamcinolone) = 256	zithromax = 13	
QVAR (beclomethasone) = 512	simvastatin= 14	
Prednisone = 1024	azithromax = 15	
Azithromycin = 2048	mometazone=17	
Other antibiotic = 4096		
Other (platform) = 8192		

bclinpt44

bclinpt44

If other antibiotic, please specify

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt45

bclinpt45

If Other, please specify

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Data Dictionary: PROMIS COPD Study

Clinical::Bclinical Info RA

bclinra01

bclinra01

Last recorded height in medical chart
centimeters = 1

bclinra01b

bclinra01b

Date Recorded = 1

bclinra02

bclinra02

Last recorded weight in medical chart
kilograms = 1

bclinra02b

bclinra02b

Date Recorded = 1

bclinra03

Type of COPD

Emphysema = 1
Chronic bronchitis = 2
Other = 3

bclinra201

bclinra201

If Other, please specify

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinra202

bclinra202

Measured FEV1 = 1

bclinra202b

bclinra202b

Predicted FEV1 = 1

bclinra202c

bclinra202c

Percent Predicted FEV1 = 1

bclinra203

bclinra203

Measured FVC = 1

bclinra203b

bclinra203b

Predicted FVC = 1

bclinra203c

bclinra203c

Percent Predicted FVC = 1

bclinra204

bclinra204

Measured PEF = 1

Data Dictionary: PROMIS COPD Study

Clinical::Bclinical Info RA

bclinra204b

bclinra204b

Predicted PEF = 1

bclinra204c

bclinra204c

Percent Predicted PEF = 1

bclinra205

bclinra205

FEV1/FVC (multiply by 100) = 1

bclinra205b

bclinra205b

Predicted FEV1/FVC = 1

bclinra05

bclinra05

Date Recorded = 1

bclinra06

What medications is the patient currently taking for COPD (mark all that apply)?

Proventil (albuterol) = 1

Atrovent (ipratropium) = 2

Combivent (alb/ipra) = 4

Spiriva (tiotropium) = 8

Serevent (sal/flutic) = 16

Foradil (formoterol) = 32

Flovent (fluticasone) = 64

Pulmicort (budesonide) = 128

Azmacort (triamcinolone) = 256

QVAR (beclomethasone) = 512

Other = 1024

bclinra06a

bclinra06a

If Other, please specify

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinra07

What is the patient's current COPD state as confirmed by a clinician?

Stable (skip to Gold category question) = 1

Exacerbation resolving = 2

Exacerbation current = 3

Other = 4

bclinra08

What is the Anthonisen exacerbation type?

Type 1: increased occurrence of dyspnea, sputum volume and sputum purulence = 1

Type 2: two of the 3 symptoms listed under Type 1 occur = 2

Type 3: one of the 3 symptoms listed under Type 1 occur in addition to at least one other symptom including upper respiratory tract symptoms (sore throat, nasal discharge) within the past 5 days, fever without other cause, increased wheezing, increased cough, or increased respiratory rate or heart rate by 20%. = 3

Data Dictionary: PROMIS COPD Study

Clinical::Bclinical Info RA

bclinra09

Does the current exacerbation involve a sustained worsening of COPD symptoms for more than 2 days requiring a change in regular medications (antibiotics, corticosteroids)?

Yes = 1

No = 2

bclinra10

Does this patient require hospitalization for this exacerbation?

Yes = 1

No = 2

bclinra11

What is the patient's current GOLD category?

Mild COPD: FEV1/FVC < 70 percent FEV1 ≥ 80 percent predicted, with or without chronic symptoms (cough, sputum production) = 1

Moderate COPD: FEV1/FVC < 70 percent, 50 percent ≤ FEV1 < 80 percent predicted, with or without chronic symptoms (cough, sputum production, dyspnea) = 2

Severe COPD: FEV1/FVC < 70 percent, 30 percent ≤ FEV1 < 50 percent predicted, with or without chronic symptoms (cough, sputum production, dyspnea) = 3

Very Severe COPD: FEV1/FVC < 70 percent, FEV1 < 30 percent predicted or FEV1 < 50 percent predicted plus respiratory failure = 4

bclinra101

bclinra101

Measured FEV1 = 1

bclinra202b

Predicted FEV1 = 1

bclinra202c

Percent Predicted FEV1 = 1

bclinra102

bclinra102

Measured FVC = 1

bclinra203b

Predicted FVC = 1

bclinra203c

Percent Predicted FVC = 1

bclinra103

bclinra103

Measured PEF = 1

bclinra204b

Predicted PEF = 1

bclinra204c

Percent Predicted PEF) = 1

bclinra104

bclinra104

FEV1/FVC (multiply by 100) = 1

bclinra205b

Predicted FEV1/FVC = 1

bclinra13

bclinra13

Current lung function values

Date Recorded = 1

bclinra14

bclinra14

6 Minute walk score

meters = 1

bclinra15

bclinra15

6 Minute walk score

Date Recorded = 1

bclinra16

Research assistant must record the following for all patients enrolled

In which group is the patient being enrolled?

Exacerbator = 1

Stable = 2

Not enrolled = 3

bclinra17

bclinra17

Date patient was enrolled

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bclinra18

bclinra18

If patient was not enrolled, give reason:

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bclinpt28

What COPD symptoms are you currently experiencing?

Worse shortness of breath

Yes = 0

No = 1

bclinpt29

bclinpt29

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt30

Worse cough

Yes = 0

No = 1

bclinpt31

bclinpt31

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt32

Increase in sputum or mucous

Yes = 0

No = 1

bclinpt33

bclinpt33

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt34

Fever

Yes = 0

No = 1

bclinpt35

bclinpt35

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt36

Breathing faster

Yes = 0

No = 1

bclinpt37

bclinpt37

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt38

Wheezing

Yes = 0

No = 1

bclinpt39

bclinpt39

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt40

Other symptoms

Yes = 0

No = 1

bclinpt41

bclinpt41

Please Specify

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt42

bclinpt42

For how many days?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt43

What medications are you currently taking for COPD <|>(mark all that apply)<|>?

Proventil (albuterol) = 1

Atrovent (ipratropium) = 2

Combivent (alb/ipra) = 4

Spiriva (tiotropium) = 8

Serevent (sal/flutic) = 16

Foradil (formoterol) = 32

Flovent (fluticasone) = 64

Pulmicort (budesonide) = 128

Azmacort (triamcinolone) = 256

QVAR (beclomethasone) = 512

Prednisone = 1024

Azithromycin = 2048

Other antibiotic = 4096

Other = 8192

bclinpt44

bclinpt44

If other antibiotic, please specify

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

bclinpt45

bclinpt45

If Other, please specify

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

fclinicpt03

How many hospitalizations due to COPD have you had in the <U><i>past 3 months</i></U>?

None = 1

One = 2

Between 2 and 5 = 3

Between 6 and 10 = 4

More than 10 = 5

fclinpt04

How many emergency room visits due to COPD have you had in the <U><i>past 3 months</i></U>?

None = 1

One = 2

Between 2 and 5 = 3

Between 6 and 10 = 4

More than 10 = 5

fclinpt05

How many visits to the doctor due to COPD have you had in the <U><i>past 3 months</i></U>?

None = 1

One = 2

Between 2 and 5 = 3

Between 6 and 10 = 4

More than 10 = 5

fclinra01

What medications is the patient currently taking for COPD <i>(mark all that apply)?</i>

Proventil (albuterol) = 1
Atrovent (ipratropium) = 2
Combivent (alb/ipra) = 4
Spiriva (tiotropium) = 8
Serevent (sal/flutic) = 16
Foradil (formoterol) = 32
Flovent (fluticasone) = 64
Pulmicort (budesonide) = 128
Azmacort (triamcinolone) = 256
QVAR (beclomethasone) = 512
Prednisone = 1024
Azithromycin = 2048
Other antibiotic = 4096
Other medication = 8192

fclinra50

fclinra50

If other antibiotic, please specify

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

fclinra51

fclinra51

If Other, please specify

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

fclinra02

What is the patient's current COPD state as confirmed by a clinician?

Stable (skip Exacerbation Type question) = 1
Exacerbation resolving = 2
Exacerbation current = 3
Other = 4

fclinra52

fclinra52

If Other, please specify

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

fclinra03

If the patient is currently experiencing an exacerbation, what is the Anthonisen exacerbation type?

Type 1: increased occurrence of dyspnea, sputum volume and sputum purulence = 1
Type 2: two of the 3 symptoms listed under Type 1 occur = 2
Type 3: one of the 3 symptoms listed under Type 1 occur in addition to at least one other symptom including upper respiratory tract symptoms (sore throat, nasal discharge) within the past 5 days, fever without other cause, increased wheezing, increased cough, or increased respiratory rate or heart rate by 20%. = 3

fclinra04

Information from patient chart

What is the patient's current GOLD category?

Mild COPD: FEV1/FVC < 70 percent FEV1 ≥ 80 percent predicted, with or without chronic symptoms (cough, sputum production) = 1

Moderate COPD: FEV1/FVC < 70 percent, 50 percent ≤ FEV1 < 80 percent predicted, with or without chronic symptoms (cough, sputum production, dyspnea) = 2

Severe COPD: FEV1/FVC < 70 percent, 30 percent ≤ FEV1 < 50 percent predicted with or without chronic symptoms (cough, sputum production, dyspnea) = 3

Very Severe COPD: FEV1/FVC < 70 percent, FEV1 < 30 percent predicted or FEV1 < 50 percent predicted plus respiratory failure = 4

fclinra53

fclinra53

Measured FEV1 = 1

fclinra53b

fclinra53b

Predicted FEV1 = 1

fclinra53c

fclinra53c

Percent Predicted FEV1 = 1

fclinra54

fclinra54

Measured FVC = 1

fclinra54b

fclinra54b

Predicted FVC = 1

fclinra54c

fclinra54c

Percent Predicted FVC = 1

fclinra55

fclinra55

Measured PEF = 1

fclinra55b

fclinra55b

Predicted PEF = 1

fclinra55c

fclinra55c

Percent Predicted PEF = 1

fclinra56

fclinra56

FEV1/FVC (multiply by 100) = 1

fclinra56b

fclinra56b

Predicted FEV1/FVC = 1

Data Dictionary: PROMIS COPD Study

Clinical::ClinicalFollowRA

fclinra67

fclinra67

Date Recorded = 1

fclinra06

fclinra06

6 Minute walk score

meters = 1

fclinra07

fclinra07

6 Minute walk score

Date Recorded = 1

fclinra08

fclinra08

Is there evidence that this patient has experienced a new exacerbation during the study period?

Yes (consult patient's chart) = 1

No (skip remaining questions) = 2

Unsure (consult clinician) = 3

fclinra09

fclinra09

Was this patient treated as an inpatient for the exacerbation?

Yes = 1

No = 2

fclinra10

fclinra10

What date was the patient treated?

Date Recorded = 1

fclinra11

fclinra11

List Details

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

fclinra12

fclinra12

Was this patient treated as an outpatient for the exacerbation?

Yes = 1

No = 2

fclinra13

fclinra13

What date was the patient treated?

Date Recorded = 1

fclinra14

fclinra14

List Details

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

fclinra15

fclinra15
Is there any other documentation of treatment for this patient's exacerbation?
Yes = 1
No = 2

fclinra16

fclinra16
What date was the patient treated?
Date Recorded = 1

fclinra17

fclinra17
List Details
Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

fclinra18

fclinra18
Name of Clinician Verifying New Exacerbation
Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

Data Dictionary: PROMIS COPD Study

Clinical::COPD Demographic

dem02

dem02

What is your current age?

years = 1

dem03

Male =

Female =

Male = 1

Female = 2

dem04

Are you of Spanish/Hispanic/Latino origin?

Yes = 1

No = 0

dem05

What is your racial or ethnic background? (Please mark all that apply)

White/Caucasian = 1

Black/African American = 2

American Indian/Alaska Native = 8

Asian = 4

Native Hawaiian/Pacific Islander = 16

Other = 32

dem101

dem101

If Other, please specify

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

socio06

What is your current relationship status?

Never Married = 1

Married = 2

Living with partner in committed relationship = 3

Separated = 4

Divorced = 5

Widowed = 6

Socio07

What is the highest grade in school that you completed?

5th grade or less = 1

6th grade = 2

7th grade = 3

8th grade = 4

Some high school = 5

High school grad/GED = 6

Some college/Technical degree/AA = 7

College degree (BA/BS) = 8

Advanced degree (MA, PHD, MD) = 9

dem08

What is your current occupational status? <i>(Please mark all that apply)</i>

Homemaker = 1

Unemployed = 2

Retired = 4

On disability = 8

On Leave of absence = 16

Full-time employed = 32

Part-time employed = 64

Full-time student = 128

unemployed + on disability = 10

retired + unemployed = 4

retired + on disability = 12

on leave + on disability = 24

part time + on disability = 72

part time and retired is not possible => retired

Elig01

<I>Patients must have ALL of the following eligibility criteria.</I>

Diagnosis -- Carry a confirmed clinical diagnosis of COPD including emphysema and/or Chronic Bronchitis

Yes = 1

No = 2

Elig02

For Stable Patients - Patient has no evidence of an exacerbation within the past 2 months.

Yes = 1

No = 2

Not applicable = 9

Elig03

For Patients with Exacerbation - Treatment for exacerbation with antibiotics or steroids did not start more than 3 days ago.

Yes = 1

No = 2

Not applicable = 9

Elig04

Participant is age 40 or over

Yes = 1

No = 2

Elig05

Participant has a working telephone

Yes = 1

No = 2

Elig06

Participant is able to use a computer and mouse.

Yes = 1

No = 2

Elig07

Participant can speak and read English, and has adequate communication skills to answer questions on the phone

Yes = 1

No = 2

Elig08

Participant has at least a 10 pack year history of smoking.

Yes = 1

No = 2

Elig09

Elig09

What is the participant's pack-year history?

pack/year = 1

Elig10

Patients will be ineligible if they meet <U>ONE</U> of the following criteria:

Patient has any concurrent medical or psychiatric condition that may preclude participation in this study or completion of self-administered questionnaires.

No = 1

Yes = 2

Elig11

Patient has a history of asthma without co-existent COPD as the primary diagnosis

No = 1

Yes = 2

Elig12

Patients experiencing a current heart failure exacerbation

No = 1

Yes = 2

Elig13

Is the patient eligible for this study?

Patient is eligible = 1

Patient is NOT eligible = 2

EXACTIntro

You will be asked 14 questions. Please choose the answer that best describes your experience <U>today.</U>

Press 1 to continue. = 1

exact1

Did your chest feel congested today?

- Not at all = 1
- Slightly = 2
- Moderately = 3
- Severely = 4
- Extremely = 5

exact2

How often did you cough today?

- Not at all = 1
- Rarely = 2
- Occasionally = 3
- Frequently = 4
- Almost constantly = 5

exact3

How much mucus (phlegm) did you bring up when coughing today?

- None at all = 1
- A little = 2
- Some = 3
- A great deal = 4
- A very great deal = 5

exact4

How difficult was it to bring up mucus (phlegm) today?

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

exact5

Did you have chest discomfort today?

- Not at all = 1
- Slight = 2
- Moderate = 3
- Severe = 4
- Extreme = 5

exact6

Did your chest feel tight today?

- Not at all = 1
- Slightly = 2
- Moderately = 3
- Severely = 4
- Extremely = 5

exact7

Were you breathless today?

- Not at all = 1
- Slightly = 2
- Moderately = 3
- Severely = 4
- Extremely = 5

exact8

Describe how breathless you were today:

- Unaware of breathlessness = 1
- Breathless during strenuous activity = 2
- Breathless during light activity = 3
- Breathless when washing or dressing = 4
- Present when resting = 5

exact9

Were you <U>short of breath</U> today when performing your usual personal care activities like washing or dressing?

- Not at all = 1
- Slightly = 2
- Moderately = 3
- Severely = 4
- Extremely = 5
- Too breathless to do these = 6

exact10

Were you <U>short of breath</U> today when performing your usual indoor activities like cleaning or household work?

- Not at all = 1
- Slightly = 2
- Moderately = 3
- Severely = 4
- Extremely = 5
- Too breathless to do these = 6

exact11

Were you <U>short of breath</U> today when performing your usual activities outside the home such as yard work or errands?

- Not at all = 1
- Slightly = 2
- Moderately = 3
- Severely = 4
- Extremely = 5
- Too breathless to do these = 6

exact12

Were you tired or weak today?

- Not at all = 1
- Slightly = 2
- Moderately = 3
- Severely = 4
- Extremely = 5

exact13

Last night, was your sleep disturbed?

- Not at all = 1
- Slightly = 2
- Moderately = 3
- Severely = 4
- Extremely = 5

exact14

How scared or worried were you about your lung problems today?

- Not at all = 1
- Slightly = 2
- Moderately = 3
- Severely = 4
- Extremely = 5

facit_06

<U>Over the past 7 days</U>, how short of breath did you get with each of these activities?

Dressing yourself without help

No shortness of breath = 0

Mildly short of breath = 1

Moderately short of breath = 2

Severely short of breath = 3

I did not do this in the past 7 days = 4

facit3_06

Please tell us <U>why you did not do this</U> during the past 7 days:

Dressing yourself without help

I have stopped trying, or knew I could not do this activity because of my <U>shortness of breath</U>. = 0

I did not do this activity for <U>some other reason</U> (including not having a chance to do it, other health issues etc.). = 1

facit_10

<U>Over the past 7 days</U>, how short of breath did you get with each of these activities?

Walking 50 steps/paces on flat ground at a normal speed without stopping

No shortness of breath = 0

Mildly short of breath = 1

Moderately short of breath = 2

Severely short of breath = 3

I did not do this in the past 7 days = 4

facit3_10

Please tell us <U>why you did not do this</U> during the past 7 days:

Walking 50 steps/paces on flat ground at a normal speed without stopping

I have stopped trying, or knew I could not do this activity because of my <U>shortness of breath</U>. = 0

I did not do this activity for <U>some other reason</U> (including not having a chance to do it, other health issues etc.). = 1

facit_15

<U>Over the past 7 days</U>, how short of breath did you get with each of these activities?

Walking up 20 stairs (2 flights) without stopping

No shortness of breath = 0

Mildly short of breath = 1

Moderately short of breath = 2

Severely short of breath = 3

I did not do this in the past 7 days = 4

facit3_15

Please tell us <U>why you did not do this</U> during the past 7 days:

Walking up 20 stairs (2 flights) without stopping

I have stopped trying, or knew I could not do this activity because of my <U>shortness of breath</U>. = 0

I did not do this activity for <U>some other reason</U> (including not having a chance to do it, other health issues etc.). = 1

facit_19

<U>Over the past 7 days</U>, how short of breath did you get with each of these activities?

Preparing meals

No shortness of breath = 0
Mildly short of breath = 1
Moderately short of breath = 2
Severely short of breath = 3
I did not do this in the past 7 days = 4

facit3_19

Please tell us <U>why you did not do this</U> during the past 7 days:

Preparing meals

I have stopped trying, or knew I could not do this activity because of my <U>shortness of breath</U>. = 0
I did not do this activity for <U>some other reason</U> (including not having a chance to do it, other health issues etc.). = 1

facit_20

<U>Over the past 7 days</U>, how short of breath did you get with each of these activities?

Washing dishes

No shortness of breath = 0
Mildly short of breath = 1
Moderately short of breath = 2
Severely short of breath = 3
I did not do this in the past 7 days = 4

facit3_20

Please tell us <U>why you did not do this</U> during the past 7 days:

Washing dishes

I have stopped trying, or knew I could not do this activity because of my <U>shortness of breath</U>. = 0
I did not do this activity for <U>some other reason</U> (including not having a chance to do it, other health issues etc.). = 1

facit_21

<U>Over the past 7 days</U>, how short of breath did you get with each of these activities?

Sweeping or mopping

No shortness of breath = 0
Mildly short of breath = 1
Moderately short of breath = 2
Severely short of breath = 3
I did not do this in the past 7 days = 4

facit3_21

Please tell us <U>why you did not do this</U> during the past 7 days:

Sweeping or mopping

I have stopped trying, or knew I could not do this activity because of my <U>shortness of breath</U>. = 0
I did not do this activity for <U>some other reason</U> (including not having a chance to do it, other health issues etc.). = 1

facit_23

<U>Over the past 7 days</U>, how short of breath did you get with each of these activities?

Making a bed

- No shortness of breath = 0
- Mildly short of breath = 1
- Moderately short of breath = 2
- Severely short of breath = 3
- I did not do this in the past 7 days = 4

facit3_23

Please tell us <U>why you did not do this</U> during the past 7 days:

Making a bed

- I have stopped trying, or knew I could not do this activity because of my <U>shortness of breath</U>. = 0
- I did not do this activity for <U>some other reason</U> (including not having a chance to do it, other health issues etc.). = 1

facit_26

<U>Over the past 7 days</U>, how short of breath did you get with each of these activities?

Lifting something weighing 10-20 lbs (about 4.5-9 kg, like a large bag of groceries)

- No shortness of breath = 0
- Mildly short of breath = 1
- Moderately short of breath = 2
- Severely short of breath = 3
- I did not do this in the past 7 days = 4

facit3_26

Please tell us <U>why you did not do this</U> during the past 7 days:

Lifting something weighing 10-20 lbs (about 4.5-9 kg, like a large bag of groceries)

- I have stopped trying, or knew I could not do this activity because of my <U>shortness of breath</U>. = 0
- I did not do this activity for <U>some other reason</U> (including not having a chance to do it, other health issues etc.). = 1

facit_30

<U>Over the past 7 days</U>, how short of breath did you get with each of these activities?

Carrying something weighing 10-20 lbs (about 4.5-9 kg, like a large bag of groceries) from one room to another

- No shortness of breath = 0
- Mildly short of breath = 1
- Moderately short of breath = 2
- Severely short of breath = 3
- I did not do this in the past 7 days = 4

facit3_30

Please tell us <U>why you did not do this</U> during the past 7 days:

Carrying something weighing 10-20 lbs (about 4.5-9 kg, like a large bag of groceries) from one room to another

- I have stopped trying, or knew I could not do this activity because of my shortness of breath. = 0
- I did not do this activity for some other reason (including not having a chance to do it, other health issues etc.). = 1

facit_45

<U>Over the past 7 days</U>, how short of breath did you get with each of these activities?

Walking (faster than your usual speed) for 1/2 mile (almost 1 km) without stopping

No shortness of breath = 0

Mildly short of breath = 1

Moderately short of breath = 2

Severely short of breath = 3

I did not do this in the past 7 days = 4

facit3_45

Please tell us <U>why you did not do this</U> during the past 7 days:

Walking (faster than your usual speed) for 1/2 mile (almost 1 km) without stopping

I have stopped trying, or knew I could not do this activity because of my <U>shortness of breath</U>. = 0

I did not do this activity for <U>some other reason</U> (including not having a chance to do it, other health issues etc.). = 1

facit2_06

Considering your shortness of breath <U>over the past 7 days</U>, rate the amount of difficulty you had when doing the following activities:

Dressing yourself without help

No difficulty = 0

A little difficulty = 1

Some difficulty = 2

Much difficulty = 3

facit2_10

Considering your shortness of breath <U>over the past 7 days</U>, rate the amount of difficulty you had when doing the following activities:

Walking 50 steps/paces on flat ground at a normal speed without stopping

No difficulty = 0

A little difficulty = 1

Some difficulty = 2

Much difficulty = 3

facit2_15

Considering your shortness of breath <U>over the past 7 days</U>, rate the amount of difficulty you had when doing the following activities:

Walking up 20 stairs (2 flights) without stopping

No difficulty = 0

A little difficulty = 1

Some difficulty = 2

Much difficulty = 3

facit2_19

Considering your shortness of breath <U>over the past 7 days</U>, rate the amount of difficulty you had when doing the following activities:

Preparing meals

No difficulty = 0

A little difficulty = 1

Some difficulty = 2

Much difficulty = 3

facit2_20

Considering your shortness of breath <U>over the past 7 days</U>, rate the amount of difficulty you had when doing the following activities:

Washing dishes

No difficulty = 0

A little difficulty = 1

Some difficulty = 2

Much difficulty = 3

facit2_21

Considering your shortness of breath <U>over the past 7 days</U>, rate the amount of difficulty you had when doing the following activities:

Sweeping or mopping

No difficulty = 0

A little difficulty = 1

Some difficulty = 2

Much difficulty = 3

facit2_23

Considering your shortness of breath <U>over the past 7 days</U>, rate the amount of difficulty you had when doing the following activities:

Making a bed

No difficulty = 0

A little difficulty = 1

Some difficulty = 2

Much difficulty = 3

facit2_26

Considering your shortness of breath <U>over the past 7 days</U>, rate the amount of difficulty you had when doing the following activities:

Lifting something weighing 10-20 lbs (about 4.5-9 kg, like a large bag of groceries)

No difficulty = 0

A little difficulty = 1

Some difficulty = 2

Much difficulty = 3

facit2_30

Considering your shortness of breath <U>over the past 7 days</U>, rate the amount of difficulty you had when doing the following activities:

Carrying something weighing 10-20 lbs (about 4.5-9 kg, like a large bag of groceries) from one room to another

No difficulty = 0

A little difficulty = 1

Some difficulty = 2

Much difficulty = 3

facit2_45

Considering your shortness of breath <U>over the past 7 days</U>, rate the amount of difficulty you had when doing the following activities:

Walking (faster than your usual speed) for 1/2 mile (almost 1 km) without stopping

No difficulty = 0

A little difficulty = 1

Some difficulty = 2

Much difficulty = 3

GAC1

Has there been any change in your breathing problems since you started the study?

Very much worse = -3

Moderately worse = -2

A little worse = -1

About the same = 0

A little better = 1

Moderately better = 2

Very much better = 3

GAC2

Has there been any change in your overall health since you started the study?

Very much worse = -3

Moderately worse = -2

A little worse = -1

About the same = 0

A little better = 1

Moderately better = 2

Very much better = 3

GACIntro

We would like to know about any changes in how you are feeling now compared to how you were feeling when you started this study.

Press 1 to continue. = 1

GenIntro

Please answer the next set of questions.

Press 1 to continue. = 1

mmrc

Please select one response:

How would you grade your degree of breathlessness?

Not troubled with breathlessness except with strenuous exercise = 1

Troubled by shortness of breath when hurrying on the level or walking up a slight hill = 2

Walks slower than people of the same age on the level because of breathlessness or has to stop for breath when walking at own pace on the level = 3

Stops for breath after walking about 100 yards or after a few minutes on the level = 4

Too breathless to leave the house or breathless when dressing or undressing = 5

EDANG01

In the past 7 days

When I was frustrated, I let it show

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG03

In the past 7 days

I was irritated more than people knew

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG04

In the past 7 days

I felt envious of others

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG05

In the past 7 days

I disagreed with people

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG06

In the past 7 days

I made myself angry about something just by thinking about it

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG07

In the past 7 days

I tried to get even when I was angry with someone

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG09

In the past 7 days

I felt angry

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG10

In the past 7 days

When I was mad at someone, I gave them the silent treatment

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG11

In the past 7 days

I felt like breaking things

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG15

In the past 7 days

I felt like I was ready to explode

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG16

In the past 7 days

When I was angry, I sulked

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG17

In the past 7 days

I felt resentful when I didn't get my way

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG18

In the past 7 days

I felt guilty about my anger

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG21

In the past 7 days

I felt bitter about things

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG22

In the past 7 days

I felt that people were trying to anger me

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG25

In the past 7 days

I stayed angry for hours

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG26

In the past 7 days

I held grudges towards others

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG28

In the past 7 days

I felt angrier than I thought I should

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG30

In the past 7 days

I was grouchy

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG31

In the past 7 days

I was stubborn with others

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG35

In the past 7 days
I felt annoyed

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG37

In the past 7 days
I had a bad temper

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG42

In the past 7 days
I had trouble controlling my temper

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG45

In the past 7 days
I was angry when I was delayed

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG47

In the past 7 days
Even after I expressed my anger, I had trouble forgetting about it

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANG48

In the past 7 days

I felt like I needed help for my anger

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG54

In the past 7 days

I was angry when something blocked my plans

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG55

In the past 7 days

I felt like yelling at someone

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG56

In the past 7 days

Just being around people irritated me

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

EDANG03

In the past 7 days

I was irritated more than people knew

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG06

In the past 7 days

I made myself angry about something just by thinking about it

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG09

In the past 7 days

I felt angry

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG15

In the past 7 days

I felt like I was ready to explode

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG25

In the past 7 days

I stayed angry for hours

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG28

In the past 7 days

I felt angrier than I thought I should

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG30

In the past 7 days

I was grouchy

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANG35

In the past 7 days

I felt annoyed

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANX01

In the past 7 days
I felt fearful

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX02

In the past 7 days
I felt frightened

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX03

In the past 7 days
It scared me when I felt nervous

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX05

In the past 7 days
I felt anxious

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX07

In the past 7 days
I felt like I needed help for my anxiety

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX08

In the past 7 days

I was concerned about my mental health

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANX12

In the past 7 days

I felt upset

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANX13

In the past 7 days

I had a racing or pounding heart

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANX16

In the past 7 days

I was anxious if my normal routine was disturbed

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANX18

In the past 7 days

I had sudden feelings of panic

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANX20

In the past 7 days
I was easily startled

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX21

In the past 7 days
I had trouble paying attention

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX24

In the past 7 days
I avoided public places or activities

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX26

In the past 7 days
I felt fidgety

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX27

In the past 7 days
I felt something awful would happen

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX30

In the past 7 days

I felt worried

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX33

In the past 7 days

I felt terrified

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX37

In the past 7 days

I worried about other people's reactions to me

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX40

In the past 7 days

I found it hard to focus on anything other than my anxiety

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX41

In the past 7 days

My worries overwhelmed me

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX44

In the past 7 days

I had twitching or trembling muscles

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANX46

In the past 7 days

I felt nervous

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANX47

In the past 7 days

I felt indecisive

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANX48

In the past 7 days

Many situations made me worry

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANX49

In the past 7 days

I had difficulty sleeping

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDANX51

In the past 7 days
I had trouble relaxing

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX53

In the past 7 days
I felt uneasy

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX54

In the past 7 days
I felt tense

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX55

In the past 7 days
I had difficulty calming down

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX01

In the past 7 days
I felt fearful

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX05

In the past 7 days
I felt anxious

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX30

In the past 7 days
I felt worried

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX40

In the past 7 days
I found it hard to focus on anything other than my anxiety

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX46

In the past 7 days
I felt nervous

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDANX53

In the past 7 days
I felt uneasy

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

EDANX54

In the past 7 days
I felt tense

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

EDDEP04

In the past 7 days

I felt worthless

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP05

In the past 7 days

I felt that I had nothing to look forward to

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP06

In the past 7 days

I felt helpless

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP07

In the past 7 days

I withdrew from other people

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP09

In the past 7 days

I felt that nothing could cheer me up

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP14

In the past 7 days

I felt that I was not as good as other people

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDDEP17

In the past 7 days

I felt sad

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDDEP19

In the past 7 days

I felt that I wanted to give up on everything

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDDEP21

In the past 7 days

I felt that I was to blame for things

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDDEP22

In the past 7 days

I felt like a failure

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDDEP23

In the past 7 days

I had trouble feeling close to people

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP26

In the past 7 days

I felt disappointed in myself

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP27

In the past 7 days

I felt that I was not needed

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP28

In the past 7 days

I felt lonely

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP29

In the past 7 days

I felt depressed

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP30

In the past 7 days

I had trouble making decisions

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP31

In the past 7 days

I felt discouraged about the future

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP35

In the past 7 days

I found that things in my life were overwhelming

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP36

In the past 7 days

I felt unhappy

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP39

In the past 7 days

I felt I had no reason for living

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP41

In the past 7 days

I felt hopeless

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP42

In the past 7 days

I felt ignored by people

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP44

In the past 7 days

I felt upset for no reason

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP45

In the past 7 days

I felt that nothing was interesting

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP46

In the past 7 days

I felt pessimistic

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP48

In the past 7 days

I felt that my life was empty

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDDEP50

In the past 7 days

I felt guilty

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDDEP54

In the past 7 days

I felt emotionally exhausted

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

EDDEP04

In the past 7 days
I felt worthless

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP05

In the past 7 days
I felt that I had nothing to look forward to

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP06

In the past 7 days
I felt helpless

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP17

In the past 7 days
I felt sad

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP22

In the past 7 days
I felt like a failure

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP29

In the past 7 days
I felt depressed

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP36

In the past 7 days
I felt unhappy

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

EDDEP41

In the past 7 days
I felt hopeless

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

FATIMP1

In the past 7 days

To what degree did you have to push yourself to get things done because of your fatigue?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP2

In the past 7 days

To what degree did your fatigue make you feel slowed down in your thinking?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP3

In the past 7 days

How often did you have to push yourself to get things done because of your fatigue?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP4

In the past 7 days

How often did your fatigue interfere with your social activities?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP5

In the past 7 days

How often were you less effective at work due to your fatigue (include work at home)?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP6

In the past 7 days

How often did your fatigue make you feel slowed down in your thinking?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP8

In the past 7 days

How often were you too tired to watch television?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP9

In the past 7 days

How often did your fatigue make it difficult to plan activities ahead of time?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP10

In the past 7 days

How often did your fatigue make it difficult to start anything new?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP11

In the past 7 days

How often did your fatigue make you more forgetful?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP13

In the past 7 days

How often were you too tired to do errands?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP14

In the past 7 days

How often did your fatigue make it difficult to organize your thoughts when doing things at work (include work at home)?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP15

In the past 7 days

How often did your fatigue interfere with your ability to engage in recreational activities?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP16

In the past 7 days

How often did you have trouble finishing things because of your fatigue?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP17

In the past 7 days

How often did your fatigue make it difficult to make decisions?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP18

In the past 7 days

How often did you have to limit your social activities because of your fatigue?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP19

In the past 7 days

How often were you too tired to do your household chores?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP20

In the past 7 days

How often did your fatigue make you feel less alert?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP21

In the past 7 days

How often were you too tired to take a bath or shower?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP22

In the past 7 days

How often did your fatigue make it difficult to organize your thoughts when doing things at home?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP24

In the past 7 days

How often did you have trouble starting things because of your fatigue?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP25

In the past 7 days

How often was it an effort to carry on a conversation because of your fatigue?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP26

In the past 7 days

How often were you too tired to socialize with your family?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP27

In the past 7 days

To what degree did you have trouble starting things because of your fatigue?

- Not at all = 1
- A little bit = 2
- Somewhat = 3
- Quite a bit = 4
- Very much = 5

FATIMP28

In the past 7 days

How hard was it for you to carry on a conversation because of your fatigue?

- Not at all = 1
- A little bit = 2
- Somewhat = 3
- Quite a bit = 4
- Very much = 5

FATIMP29

In the past 7 days

How often were you too tired to leave the house?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP30

In the past 7 days

How often were you too tired to think clearly?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP33

In the past 7 days

How often did your fatigue limit you at work (include work at home)?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP34

In the past 7 days

To what degree did you have to limit your social activities because of your fatigue?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP35

In the past 7 days

To what degree did your fatigue make it difficult to organize your thoughts when doing things at home?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP36

In the past 7 days

To what degree did your fatigue make it difficult to start anything new?

- Not at all = 1
- A little bit = 2
- Somewhat = 3
- Quite a bit = 4
- Very much = 5

FATIMP37

In the past 7 days

Due to your fatigue were you less effective at work (include work at home)?

- Not at all = 1
- A little bit = 2
- Somewhat = 3
- Quite a bit = 4
- Very much = 5

FATIMP38

In the past 7 days

To what degree did your fatigue make it difficult to make decisions?

- Not at all = 1
- A little bit = 2
- Somewhat = 3
- Quite a bit = 4
- Very much = 5

FATIMP40

In the past 7 days

How often did you have enough energy to exercise strenuously?

- Never = 5
- Rarely = 4
- Sometimes = 3
- Often = 2
- Always = 1

FATIMP42

In the past 7 days

How often were you less effective at home due to your fatigue?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATIMP43

In the past 7 days

To what degree did your fatigue make it difficult to organize your thoughts when doing things at work (include work at home)?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP44

In the past 7 days

To what degree did your fatigue make you more forgetful?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP45

In the past 7 days

To what degree did your fatigue interfere with your ability to engage in recreational activities?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP47

In the past 7 days

To what degree did you have to force yourself to get up and do things because of your fatigue?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP48

In the past 7 days

To what degree did your fatigue interfere with your social activities?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP49

In the past 7 days

To what degree did your fatigue interfere with your physical functioning?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP50

In the past 7 days

Did fatigue make you less effective at home?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP51

In the past 7 days

To what degree did you have trouble finishing things because of your fatigue?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP52

In the past 7 days

To what degree did your fatigue make you feel less alert?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATIMP53

In the past 7 days

How often were you too tired to take a short walk?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP55

In the past 7 days

How often did you have to force yourself to get up and do things because of your fatigue?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP56

In the past 7 days

How often were you too tired to socialize with your friends?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP2

In the past 7 days

How often did you feel run-down?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP5

In the past 7 days

How often did you experience extreme exhaustion?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP6

In the past 7 days

How often did you feel tired even when you hadn't done anything?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP7

In the past 7 days

How often did you feel your fatigue was beyond your control?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP12

In the past 7 days

To what degree did you feel tired even when you hadn't done anything?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP13

In the past 7 days

How bushed were you on average?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP16

In the past 7 days

How often were you sluggish?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP18

In the past 7 days

How often did you run out of energy?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP19

In the past 7 days

How often were you physically drained?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP20

In the past 7 days

How often did you feel tired?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP21

In the past 7 days

How fatigued were you when your fatigue was at its worst?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATEXP22

In the past 7 days

How often were you bothered by your fatigue?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP24

In the past 7 days

How often did you have enough energy to enjoy the things you do for fun?

Never = 5

Rarely = 4

Sometimes = 3

Often = 2

Always = 1

FATEXP26

In the past 7 days

How often were you too tired to enjoy life?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATEXP28

In the past 7 days

How often were you too tired to feel happy?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATEXP29

In the past 7 days

How often did you feel totally drained?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

FATEXP31

In the past 7 days

How often were you energetic?

- Never = 5
- Rarely = 4
- Sometimes = 3
- Often = 2
- Always = 1

FATEXP34

In the past 7 days

How tired did you feel on average?

- Not at all = 1
- A little bit = 2
- Somewhat = 3
- Quite a bit = 4
- Very much = 5

FATEXP35

In the past 7 days

How much were you bothered by your fatigue on average?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATEXP36

In the past 7 days

How exhausted were you on average?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATEXP38

In the past 7 days

How fatigued were you on the day you felt most fatigued?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATEXP40

In the past 7 days

How fatigued were you on average?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATEXP41

In the past 7 days

How run-down did you feel on average?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATEXP42

In the past 7 days

How much mental energy did you have on average?

Not at all = 5

A little bit = 4

Somewhat = 3

Quite a bit = 2

Very much = 1

FATEXP43

In the past 7 days

How physically drained were you on average?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATEXP44

In the past 7 days

How energetic were you on average?

Not at all = 5

A little bit = 4

Somewhat = 3

Quite a bit = 2

Very much = 1

FATEXP45

In the past 7 days

How sluggish were you on average?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATEXP46

In the past 7 days

On how many days was your fatigue worse in the morning?

None = 1

1 day = 2

2-3 days = 3

4-5 days = 4

6-7 days = 5

FATEXP48

In the past 7 days

How often did you find yourself getting tired easily?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP49

In the past 7 days

How often did you think about your fatigue?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP50

In the past 7 days

How fatigued were you on the day you felt least fatigued?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATEXP51

In the past 7 days

How easily did you find yourself getting tired on average?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATEXP52

In the past 7 days

How wiped out were you on average?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

FATEXP54

In the past 7 days

How often did you have physical energy?

Never = 5

Rarely = 4

Sometimes = 3

Often = 2

Always = 1

FATEXP56

In the past 7 days

What was the level of your fatigue on most days?

None = 1

Mild = 2

Moderate = 3

Severe = 4

Very severe = 5

HI7

In the past 7 days

I feel fatigued

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

HI12

In the past 7 days

I feel weak all over

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

An1

In the past 7 days

I feel listless ("washed out")

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

An2

In the past 7 days
I feel tired

Not at all = 1
A little bit = 2
Somewhat = 3
Quite a bit = 4
Very much = 5

An3

In the past 7 days
I have trouble <U>starting</U> things because I am tired

Not at all = 1
A little bit = 2
Somewhat = 3
Quite a bit = 4
Very much = 5

An4

In the past 7 days
I have trouble <U>finishing</U> things because I am tired

Not at all = 1
A little bit = 2
Somewhat = 3
Quite a bit = 4
Very much = 5

An8

In the past 7 days
I need to sleep during the day

Not at all = 1
A little bit = 2
Somewhat = 3
Quite a bit = 4
Very much = 5

An12

In the past 7 days
I am too tired to eat

Not at all = 1
A little bit = 2
Somewhat = 3
Quite a bit = 4
Very much = 5

An14

In the past 7 days

I need help doing my usual activities

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

An15

In the past 7 days

I am frustrated by being too tired to do the things I want to do

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

An16

In the past 7 days

I have to limit my social activity because I am tired

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

An5

In the past 7 days

I have energy

Not at all = 5

A little bit = 4

Somewhat = 3

Quite a bit = 2

Very much = 1

An7

In the past 7 days

I am able to do my usual activities

Not at all = 5

A little bit = 4

Somewhat = 3

Quite a bit = 2

Very much = 1

FATIMP21

In the past 7 days

How often were you too tired to take a bath or shower?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP30

In the past 7 days

How often were you too tired to think clearly?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP33

In the past 7 days

How often did your fatigue limit you at work (include work at home)?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATIMP40

In the past 7 days

How often did you have enough energy to exercise strenuously?

Never = 5

Rarely = 4

Sometimes = 3

Often = 2

Always = 1

FATEXP5

In the past 7 days

How often did you experience extreme exhaustion?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP18

In the past 7 days

How often did you run out of energy?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

FATEXP20

In the past 7 days

How often did you feel tired?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

GeneralHealth

In general, would you say your health is:

Excellent = 5
Very good = 4
Good = 3
Fair = 2
Poor = 1

Global02

In general, would you say your quality of life is:

Excellent = 5
Very good = 4
Good = 3
Fair = 2
Poor = 1

Global03

In general, how would you rate your physical health?

Excellent = 5
Very good = 4
Good = 3
Fair = 2
Poor = 1

Global04

In general, how would you rate your mental health, including your mood and your ability to think?

Excellent = 5
Very good = 4
Good = 3
Fair = 2
Poor = 1

Global05

In general, how would you rate your satisfaction with your social activities and relationships?

Excellent = 5
Very good = 4
Good = 3
Fair = 2
Poor = 1

Global06

To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

Completely = 5
Mostly = 4
Moderately = 3
A little = 2
Not at all = 1

Global07

In the past 7 days

How would you rate your pain on average?

0 = 0
1 = 1
2 = 2
3 = 3
4 = 4
5 = 5
6 = 6
7 = 7
8 = 8
9 = 9
10 = 10

Global08

In the past 7 days

How would you rate your fatigue on average?

None = 1
Mild = 2
Moderate = 3
Severe = 4
Very severe = 5

Global09

In general, please rate how well you carry out your usual social activities and roles.

(This includes activities at home, at work and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.)

Excellent = 5
Very good = 4
Good = 3
Fair = 2
Poor = 1

Global10

In the past 7 days

How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?

Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

PAINBE2

In the past 7 days

When I was in pain I became irritable

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE3

In the past 7 days

When I was in pain I grimaced

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE6

In the past 7 days

When I was in pain I would lie down

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE8

In the past 7 days

When I was in pain I moved extremely slowly

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE9

In the past 7 days

When I was in pain I became angry

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE11

In the past 7 days

When I was in pain I clenched my teeth

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE13

In the past 7 days

When I was in pain I tried to stay very still

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE16

In the past 7 days

When I was in pain I appeared upset or sad

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE17

In the past 7 days

When I was in pain I gasped

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE18

In the past 7 days

When I was in pain I asked for help doing things that needed to be done

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE21

In the past 7 days

When I was in pain it showed on my face (squincing eyes, opening eyes wide, frowning)

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE22

In the past 7 days

Pain caused me to bend over while walking

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE23

In the past 7 days

When I was in pain I asked one or more people to leave me alone

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE24

In the past 7 days

When I was in pain I moved stiffly

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE25

In the past 7 days

When I was in pain I called out for someone to help me

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE26

In the past 7 days

Pain caused me to curl up in a ball

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE27

In the past 7 days

I had pain so bad it made me cry

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE28

In the past 7 days

When I was in pain I squirmed

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE29

In the past 7 days

When I was in pain I used a cane or something else for support

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE31

In the past 7 days

I limped because of pain

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE32

In the past 7 days

When I was in pain I became quiet and withdrawn

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE33

In the past 7 days

When I was in pain I frowned

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE34

In the past 7 days

When I was in pain I asked for help when walking or changing positions

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE35

In the past 7 days

When I was in pain I groaned

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE37

In the past 7 days

When I was in pain I isolated myself from others

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE38

In the past 7 days

When I was in pain I drew my knees up

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE39

In the past 7 days

When I was in pain I moaned, whined or whimpered

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE40

In the past 7 days

When I was in pain I flung my arms or limbs around

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE41

In the past 7 days

When I was in pain I screamed

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE42

In the past 7 days

When I was in pain my upper body would tense up

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE43

In the past 7 days

When I was in pain I walked carefully

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE44

In the past 7 days

When I was in pain I bit or pursed my lips

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE45

In the past 7 days

When I was in pain I thrashed

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE46

In the past 7 days

When I was in pain I protected the part of my body that hurt

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE47

In the past 7 days

When I was in pain my body became stiff

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE48

In the past 7 days

When I was in pain I clenched my jaw or gritted my teeth

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE49

In the past 7 days

When I was in pain I winced

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE50

In the past 7 days

When I was in pain I moved my limbs protectively

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE51

In the past 7 days

When I was in pain I avoided physical contact with others

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE2

In the past 7 days

When I was in pain I became irritable

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE3

In the past 7 days

When I was in pain I grimaced

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE8

In the past 7 days

When I was in pain I moved extremely slowly

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE24

In the past 7 days

When I was in pain I moved stiffly

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE25

In the past 7 days

When I was in pain I called out for someone to help me

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE37

In the past 7 days

When I was in pain I isolated myself from others

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAINBE45

In the past 7 days

When I was in pain I thrashed

Had no pain = 1

Never = 2

Rarely = 3

Sometimes = 4

Often = 5

Always = 6

PAININ1

In the past 7 days

How difficult was it for you to take in new information because of pain?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ3

In the past 7 days

How much did pain interfere with your enjoyment of life?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ5

In the past 7 days

How much did pain interfere with your ability to participate in leisure activities?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ6

In the past 7 days

How much did pain interfere with your close personal relationships?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ8

In the past 7 days

How much did pain interfere with your ability to concentrate?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ9

In the past 7 days

How much did pain interfere with your day to day activities?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ10

In the past 7 days

How much did pain interfere with your enjoyment of recreational activities?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ11

In the past 7 days

How often did you feel emotionally tense because of your pain?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ12

In the past 7 days

How much did pain interfere with the things you usually do for fun?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ13

In the past 7 days

How much did pain interfere with your family life?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ14

In the past 7 days

How much did pain interfere with doing your tasks away from home (e.g., getting groceries, running errands)?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ16

In the past 7 days

How often did pain make you feel depressed?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

PAININ17

In the past 7 days

How much did pain interfere with your relationships with other people?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ18

In the past 7 days

How much did pain interfere with your ability to work (include work at home)?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ19

In the past 7 days

How much did pain make it difficult to fall asleep?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ20

In the past 7 days

How much did pain feel like a burden to you?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ22

In the past 7 days

How much did pain interfere with work around the home?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ24

In the past 7 days

How often was pain distressing to you?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

PAININ26

In the past 7 days

How often did pain keep you from socializing with others?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

PAININ29

In the past 7 days

How often was your pain so severe you could think of nothing else?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

PAININ31

In the past 7 days

How much did pain interfere with your ability to participate in social activities?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ32

In the past 7 days

How often did pain make you feel discouraged?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

PAININ34

In the past 7 days

How much did pain interfere with your household chores?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ35

In the past 7 days

How much did pain interfere with your ability to make trips from home that kept you gone for more than 2 hours?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ36

In the past 7 days

How much did pain interfere with your enjoyment of social activities?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ37

In the past 7 days

How often did pain make you feel anxious?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

PAININ38

In the past 7 days

How often did you avoid social activities because it might make you hurt more?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

PAININ40

In the past 7 days

How often did pain prevent you from walking more than 1 mile?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

PAININ42

In the past 7 days

How often did pain prevent you from standing for more than one hour?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

PAININ46

In the past 7 days

How often did pain make it difficult for you to plan social activities?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

PAININ47

In the past 7 days

How often did pain prevent you from standing for more than 30 minutes?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

PAININ48

In the past 7 days

How much did pain interfere with your ability to do household chores?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ49

In the past 7 days

How much did pain interfere with your ability to remember things?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ50

In the past 7 days

How often did pain prevent you from sitting for more than 30 minutes?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

PAININ51

In the past 7 days

How often did pain prevent you from sitting for more than 10 minutes?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

PAININ52

In the past 7 days

How often was it hard to plan social activities because you didn't know if you would be in pain?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

PAININ53

In the past 7 days

How often did pain restrict your social life to your home?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

PAININ54

In the past 7 days

How often did pain keep you from getting into a standing position?

- Never = 1
- Once a week or less = 2
- Once every few days = 3
- Once a day = 4
- Every few hours = 5

PAININ55

In the past 7 days

How often did pain prevent you from sitting for more than one hour?

- Never = 1
- Rarely = 2
- Sometimes = 3
- Often = 4
- Always = 5

PAININ56

In the past 7 days

How irritable did you feel because of pain?

- Not at all = 1
- A little bit = 2
- Somewhat = 3
- Quite a bit = 4
- Very much = 5

PAININ39

In the past 7 days

How often did pain make simple tasks hard to complete?

Never = 1

Rarely = 2

Sometimes = 3

Often = 4

Always = 5

PAININ3

In the past 7 days

How much did pain interfere with your enjoyment of life?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ8

In the past 7 days

How much did pain interfere with your ability to concentrate?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ9

In the past 7 days

How much did pain interfere with your day to day activities?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ10

In the past 7 days

How much did pain interfere with your enjoyment of recreational activities?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ14

In the past 7 days

How much did pain interfere with doing your tasks away from home (e.g., getting groceries, running errands)?

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

PAININ26

In the past 7 days
How often did pain keep you from socializing with others?
Never = 1
Rarely = 2
Sometimes = 3
Often = 4
Always = 5

PFA1

Does your health now limit you in doing vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?

Not at all = 5
Very little = 4
Somewhat = 3
Quite a lot = 2
Cannot do = 1

PFA3

Does your health now limit you in bending, kneeling, or stooping?

Not at all = 5
Very little = 4
Somewhat = 3
Quite a lot = 2
Cannot do = 1

PFA4

Does your health now limit you in doing heavy work around the house like scrubbing floors, or lifting or moving heavy furniture?

Not at all = 5
Very little = 4
Somewhat = 3
Quite a lot = 2
Cannot do = 1

PFA5

Does your health now limit you in lifting or carrying groceries?

Not at all = 5
Very little = 4
Somewhat = 3
Quite a lot = 2
Cannot do = 1

PFA6

Does your health now limit you in bathing or dressing yourself?

Not at all = 5
Very little = 4
Somewhat = 3
Quite a lot = 2
Cannot do = 1

PFA7

How much do physical health problems now limit your usual physical activities (such as walking or climbing stairs)?

Not at all = 5
Very little = 4
Somewhat = 3
Quite a lot = 2
Cannot do = 1

PFA8

Are you able to move a chair from one room to another?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA9

Are you able to bend down and pick up clothing from the floor?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA10

Are you able to stand for one hour?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA11

Are you able to do chores such as vacuuming or yard work?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA12

Are you able to push open a heavy door?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA13

Are you able to exercise for an hour?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA14

Are you able to carry a heavy object (over 10 pounds)?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA15

Are you able to stand up from an armless straight chair?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA16

Are you able to dress yourself, including tying shoelaces and doing buttons?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA17

Are you able to reach into a high cupboard?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA18

Are you able to use a hammer to pound a nail?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA19

Are you able to run or jog for two miles?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA20

Are you able to cut your food using eating utensils?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA21

Are you able to go up and down stairs at a normal pace?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA22

Are you able to open previously opened jars?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA23

Are you able to go for a walk of at least 15 minutes?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA25

Are you able to do yard work like raking leaves, weeding, or pushing a lawn mower?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA28

Are you able to open a can with a hand can opener?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA29

Are you able to pull heavy objects (10 pounds) towards yourself?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA30

Are you able to step up and down curbs?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA31

Are you able to get up off the floor from lying on your back without help?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA32

Are you able to stand with your knees straight?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA33

Are you able to exercise hard for half an hour?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA34

Are you able to wash your back?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA35

Are you able to open and close a zipper?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA36

Are you able to put on and take off a coat or jacket?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA37

Are you able to stand for short periods of time?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA38

Are you able to dry your back with a towel?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA39

Are you able to run at a fast pace for two miles?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA40

Are you able to turn a key in a lock?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA41

Are you able to squat and get up?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA42

Are you able to carry a laundry basket up a flight of stairs?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA43

Are you able to write with a pen or pencil?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA44

Are you able to put on a shirt or blouse?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA45

Are you able to get out of bed into a chair?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA47

Are you able to pull on trousers?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFA48

Are you able to peel fruit?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFA49

Are you able to bend or twist your back?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFA50

Are you able to brush your teeth?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFA51

Are you able to sit on the edge of a bed?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFA52

Are you able to tie your shoelaces?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFA53

Are you able to run errands and shop?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFA54

Are you able to button your shirt?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA55

Are you able to wash and dry your body?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFA56

Are you able to get in and out of a car?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB1

Does your health now limit you in doing moderate work around the house like vacuuming, sweeping floors or carrying in groceries?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFB3

Does your health now limit you in putting a trash bag outside?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFB5

Does your health now limit you in hiking a couple of miles on uneven surfaces, including hills?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFB7

Does your health now limit you in doing strenuous activities such as backpacking, skiing, playing tennis, bicycling or jogging?

Not at all = 5
Very little = 4
Somewhat = 3
Quite a lot = 2
Cannot do = 1

PFB8

Are you able to carry two bags filled with groceries 100 yards?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFB9

Are you able to jump up and down?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFB10

Are you able to climb up five steps?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFB11

Are you able to wash dishes, pots, and utensils by hand while standing at a sink?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFB12

Are you able to make a bed, including spreading and tucking in bed sheets?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFB13

Are you able to carry a shopping bag or briefcase?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB14

Are you able to take a tub bath?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB15

Are you able to change the bulb in a table lamp?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB16

Are you able to press with your index finger (for example ringing a doorbell)?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB17

Are you able to put on and take off your socks?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB18

Are you able to shave your face or apply makeup?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB19

Are you able to squeeze a new tube of toothpaste?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB20

Are you able to cut a piece of paper with scissors?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB21

Are you able to pick up coins from a table top?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB22

Are you able to hold a plate full of food?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB23

Are you able to pour liquid from a bottle into a glass?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB24

Are you able to run a short distance, such as to catch a bus?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFB25

Are you able to push open a door after turning the knob?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB26

Are you able to shampoo your hair?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB27

Are you able to tie a knot or a bow?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB28

Are you able to lift 10 pounds above your shoulder?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB29

Are you able to lift a full cup or glass to your mouth?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB30

Are you able to open a new milk carton?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB31

Are you able to open car doors?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB32

Are you able to stand unsupported for 10 minutes?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB33

Are you able to remove something from your back pocket?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB34

Are you able to change a light bulb overhead?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB36

Are you able to put on a pullover sweater?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB37

Are you able to turn faucets on and off?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB39

Are you able to reach and get down a 5 pound object from above your head?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB40

Are you able to stand up on tiptoes?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB41

Are you able to trim your fingernails?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB42

Are you able to stand unsupported for 30 minutes?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFB43

Does your health now limit you in taking care of your personal needs (dress, comb hair, toilet, eat, bathe)?

Not at all = 5

Very little = 4

Somewhat = 3

Quite a lot = 2

Cannot do = 1

PFB44

Does your health now limit you in doing moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?

Not at all = 5

Very little = 4

Somewhat = 3

Quite a lot = 2

Cannot do = 1

PFB48

Does your health now limit you in taking a shower?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFB49

Does your health now limit you in going for a short walk (less than 15 minutes)?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFB50

How much difficulty do you have doing your daily physical activities, because of your health?

- No difficulty at all = 5
- A little bit of difficulty = 4
- Some difficulty = 3
- A lot of difficulty = 2
- Can't do because of health = 1

PFB51

Does your health now limit you in participating in active sports such as swimming, tennis, or basketball?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFB54

Does your health now limit you in going OUTSIDE the home, for example to shop or visit a doctor's office?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFB56

Are you able to lift one pound (a full pint container) to shoulder level without bending your elbow?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFC6

Are you able to walk a block on flat ground?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFC7

Are you able to run five miles?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFC10

Does your health now limit you in climbing several flights of stairs?

Not at all = 5

Very little = 4

Somewhat = 3

Quite a lot = 2

Cannot do = 1

PFC12

Does your health now limit you in doing two hours of physical labor?

Not at all = 5

Very little = 4

Somewhat = 3

Quite a lot = 2

Cannot do = 1

PFC13

Are you able to run 100 yards?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFC20

Does your health now limit you in walking one hundred yards?

Not at all = 5

Very little = 4

Somewhat = 3

Quite a lot = 2

Cannot do = 1

PFC29

Are you able to walk up and down two steps?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFC31

Are you able to reach into a low cupboard?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFC32

Are you able to climb up 5 flights of stairs?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFC33

Are you able to run ten miles?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFC34

Does your health now limit you in walking several hundred yards?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFC35

Does your health now limit you in doing eight hours of physical labor?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFC36

Does your health now limit you in walking more than a mile?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFC37

Does your health now limit you in climbing one flight of stairs?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFC38

Are you able to walk at a normal speed?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFC39

Are you able to stand without losing your balance for several minutes?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFC40

Are you able to kneel on the floor?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFC41

Are you able to sit down in and stand up from a low, soft couch?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFC43

Are you able to use your hands, such as for turning faucets, using kitchen gadgets, or sewing?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFC45

Are you able to get on and off the toilet?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFC46

Are you able to transfer from a bed to a chair and back?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFC47

Are you able to be out of bed most of the day?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFC49

Are you able to water a house plant?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFC51

Are you able to wipe yourself after using the toilet?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFC52

Are you able to turn from side to side in bed?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFC53

Are you able to get in and out of bed?

- Without any difficulty = 5
- With a little difficulty = 4
- With some difficulty = 3
- With much difficulty = 2
- Unable to do = 1

PFC54

Does your health now limit you in getting in and out of the bathtub?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFC56

Does your health now limit you in walking about the house?

- Not at all = 5
- Very little = 4
- Somewhat = 3
- Quite a lot = 2
- Cannot do = 1

PFA1

Does your health now limit you in doing vigorous activities, such as running, lifting heavy objects, participating in strenuous sports?

Not at all = 5
Very little = 4
Somewhat = 3
Quite a lot = 2
Cannot do = 1

PFA3

Does your health now limit you in bending, kneeling, or stooping?

Not at all = 5
Very little = 4
Somewhat = 3
Quite a lot = 2
Cannot do = 1

PFA5

Does your health now limit you in lifting or carrying groceries?

Not at all = 5
Very little = 4
Somewhat = 3
Quite a lot = 2
Cannot do = 1

PFA11

Are you able to do chores such as vacuuming or yard work?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFA16

Are you able to dress yourself, including tying shoelaces and doing buttons?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFA55

Are you able to wash and dry your body?

Without any difficulty = 5
With a little difficulty = 4
With some difficulty = 3
With much difficulty = 2
Unable to do = 1

PFB26

Are you able to shampoo your hair?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

PFC36

Does your health now limit you in walking more than a mile?

Not at all = 5

Very little = 4

Somewhat = 3

Quite a lot = 2

Cannot do = 1

PFC37

Does your health now limit you in climbing one flight of stairs?

Not at all = 5

Very little = 4

Somewhat = 3

Quite a lot = 2

Cannot do = 1

PFC45

Are you able to get on and off the toilet?

Without any difficulty = 5

With a little difficulty = 4

With some difficulty = 3

With much difficulty = 2

Unable to do = 1

SRPSAT05

In the past 7 days

I am satisfied with the amount of time I spend doing leisure activities

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT10

In the past 7 days

I am satisfied with my current level of social activity

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT19

In the past 7 days

I am satisfied with my ability to do all of the community activities that are really important to me

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT20

In the past 7 days

I am satisfied with my ability to do things for my friends

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT23

In the past 7 days

I am satisfied with my ability to do leisure activities

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT25

In the past 7 days

I am satisfied with my current level of activities with my friends

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT33

In the past 7 days

I am satisfied with my ability to do things for fun outside my home

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT34

In the past 7 days

I feel good about my ability to do things for my friends

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT36

In the past 7 days

I am happy with how much I do for my friends

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT37

In the past 7 days

I am satisfied with the amount of time I spend visiting friends

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT48

In the past 7 days

I am satisfied with my ability to do things for fun at home (like reading, listening to music, etc.)

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT52

In the past 7 days

I am satisfied with my ability to do all of the leisure activities that are really important to me

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT05

In the past 7 days

I am satisfied with the amount of time I spend doing leisure activities

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT10

In the past 7 days

I am satisfied with my current level of social activity

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT20

In the past 7 days

I am satisfied with my ability to do things for my friends

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT23

In the past 7 days

I am satisfied with my ability to do leisure activities

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT25

In the past 7 days

I am satisfied with my current level of activities with my friends

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT33

In the past 7 days

I am satisfied with my ability to do things for fun outside my home

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT48

In the past 7 days

I am satisfied with my ability to do things for fun at home (like reading, listening to music, etc.)

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT06

In the past 7 days

I am satisfied with my ability to do things for my family

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT07

In the past 7 days

I am satisfied with how much work I can do (include work at home)

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT08

In the past 7 days

I feel good about my ability to do things for my family

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT09

In the past 7 days

I am satisfied with my ability to do the work that is really important to me (include work at home)

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT21

In the past 7 days

I am satisfied with the amount of time I spend doing work (include work at home)

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT22

In the past 7 days

I am happy with how much I do for my family

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT24

In the past 7 days

I am satisfied with my ability to work (include work at home)

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT35

In the past 7 days

The quality of my work is as good as I want it to be (include work at home)

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT38

In the past 7 days

I am satisfied with the amount of time I spend performing my daily routines

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT39

In the past 7 days

I am satisfied with my ability to do household chores/tasks

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT47

In the past 7 days

I am satisfied with my ability to do regular personal and household responsibilities

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT49

In the past 7 days

I am satisfied with my ability to perform my daily routines

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT50

In the past 7 days

I am satisfied with my ability to meet the needs of those who depend on me

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT51

In the past 7 days

I am satisfied with my ability to run errands

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT06

In the past 7 days

I am satisfied with my ability to do things for my family

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT07

In the past 7 days

I am satisfied with how much work I can do (include work at home)

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT24

In the past 7 days

I am satisfied with my ability to work (include work at home)

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT39

In the past 7 days

I am satisfied with my ability to do household chores/tasks

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT49

In the past 7 days

I am satisfied with my ability to perform my daily routines

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT50

In the past 7 days

I am satisfied with my ability to meet the needs of those who depend on me

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

SRPSAT51

In the past 7 days

I am satisfied with my ability to run errands

Not at all = 1

A little bit = 2

Somewhat = 3

Quite a bit = 4

Very much = 5

psqi01

During the past month

When have you gone to bed?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

psqi02

During the past month

How long has it taken (in minutes) for you to fall asleep each night?

minutes = 1

psqi03

During the past month

When have you usually gotten up in the morning?

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

psqi04

During the past month

How many hours of sleep did you get at night?

hours (this may be different than the number of hours you spent in bed) = 1

psqi05

During the past month, how often have you had trouble sleeping because you....

Cannot get to sleep within 30 minutes

Not during the past month = 0

Less than once a week = 1

Once or twice a week = 2

Three or more times a week = 3

psqi06

Wake up in the middle of the night or early morning

Not during the past month = 0

Less than once a week = 1

Once or twice a week = 2

Three or more times a week = 3

psqi07

Have to get up to use the bathroom

Not during the past month = 0

Less than once a week = 1

Once or twice a week = 2

Three or more times a week = 3

psqi08

Cannot breathe comfortably

Not during the past month = 0

Less than once a week = 1

Once or twice a week = 2

Three or more times a week = 3

psqi09

Cough or snore loudly

Not during the past month = 0
Less than once a week = 1
Once or twice a week = 2
Three or more times a week = 3

psqi11

Feel too hot

Not during the past month = 0
Less than once a week = 1
Once or twice a week = 2
Three or more times a week = 3

psqi10

Feel too cold

Not during the past month = 0
Less than once a week = 1
Once or twice a week = 2
Three or more times a week = 3

psqi12

Have bad dreams

Not during the past month = 0
Less than once a week = 1
Once or twice a week = 2
Three or more times a week = 3

psqi13

Have pain

Not during the past month = 0
Less than once a week = 1
Once or twice a week = 2
Three or more times a week = 3

psqi14

During the past month,
How often have you had trouble sleeping because of other reasons?

Not during the past month = 0
Less than once a week = 1
Once or twice a week = 2
Three or more times a week = 3

psqi101

psqi101

Please specify the other reasons for your trouble sleeping

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

psqi15

During the past month,

How often have you taken medicine (prescribed or "over the counter") to help you sleep?

Not during the past month = 0

Less than once a week = 1

Once or twice a week = 2

Three or more times a week = 3

psqi16

During the past month,

How often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

Not during the past month = 0

Less than once a week = 1

Once or twice a week = 2

Three or more times a week = 3

psqi17

During the past month,

How much of a problem has it been for you to keep up enthusiasm to get things done?

Not during the past month = 0

Less than once a week = 1

Once or twice a week = 2

Three or more times a week = 3

psqi18

During the past month

How would you rate your sleep quality overall?

Very good = 0

Fairly good = 1

Fairly bad = 2

Very bad = 3

SevendayIntro

Please consider the past 7 days when answering these questions.

Press 1 to continue. = 1

sgrq01

Before completing the rest of the questionnaire:

Please select one answer to show how you describe your current health:

Very good = 1

Good = 2

Fair = 3

Poor = 4

Very poor = 5

sgrq02

Over the past 4 weeks

I have coughed:

Almost every day = 1

Several days a week = 2

A few days a month = 3

Only with respiratory infections = 4

Not at all = 5

sgrq03

Over the past 4 weeks,

I have brought up phlegm (sputum):

Almost every day = 1

Several days a week = 2

A few days a month = 3

Only with respiratory infections = 4

Not at all = 5

sgrq04

Over the past 4 weeks,

I have had shortness of breath:

Almost every day = 1

Several days a week = 2

A few days a month = 3

Only with respiratory infections = 4

Not at all = 5

sgrq05

Over the past 4 weeks,

I have had wheezing attacks:

Almost every day = 1

Several days a week = 2

A few days a month = 3

Only with respiratory infections = 4

Not at all = 5

sgrq06

How many times during the past 4 weeks have you suffered from severe or very unpleasant respiratory attacks?

More than 3 times = 1

3 times = 2

2 times = 3

1 time = 4

None of the time = 5

sgrq07

How long did the worst respiratory attack last?

A week or more = 1

3 or more days = 2

1 or 2 days = 3

Less than a day = 4

sgrq08

Over the past 4 weeks, in a typical week, how many good days (with few respiratory problems) have you had?

No good days = 1

1 or 2 good days = 2

3 or 4 good days = 3

Nearly every day was good = 4

Every day was good = 5

sgrq09

If you wheeze, is it worse when you get up in the morning?

No = 1

Yes = 2

sgrq10

How would you describe your respiratory condition?

The most important problem I have = 1

Causes me quite a lot of problems = 2

Causes me a few problems = 3

Causes no problems = 4

sgrq12

If you have ever held a job

My respiratory problems made me stop working altogether = 1

My respiratory problems interfere with my job or made me change my job = 2

My respiratory problems do not affect my job = 3

Never had a job = 4

sgrq13

These are questions about what activities usually make you feel short of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

Sitting or lying still

True = 1

False = 2

sgrq14

These are questions about what activities usually make you feel short of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

Washing or dressing yourself

True = 1

False = 2

sgrq15

These are questions about what activities usually make you feel short of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

Walking around the house

True = 1

False = 2

sgrq16

These are questions about what activities usually make you feel short of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

Walking outside on level ground

True = 1

False = 2

sgrq17

These are questions about what activities usually make you feel short of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

Walking up a flight of stairs

True = 1

False = 2

sgrq18

These are questions about what activities usually make you feel short of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

Walking up hills

True = 1

False = 2

sgrq19

These are questions about what activities usually make you feel short of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

Playing sports or other physical activities

True = 1

False = 2

sgrq20

These are more questions about your cough and shortness of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

Coughing hurts

True = 1

False = 2

sgrq21

These are more questions about your cough and shortness of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

Coughing makes me tired

True = 1

False = 2

sgrq22

These are more questions about your cough and shortness of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

I am short of breath when I talk

True = 1

False = 2

sgrq23

These are more questions about your cough and shortness of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

I am short of breath when I bend over

True = 1

False = 2

sgrq24

These are more questions about your cough and shortness of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

My coughing or breathing disturbs my sleep

True = 1

False = 2

sgrq25

These are more questions about your cough and shortness of breath <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

I get exhausted easily

True = 1

False = 2

sgrq26

These are questions about other effects that your respiratory problems may have on you <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

My cough or breathing is embarrassing in public

True = 1

False = 2

sgrq27

These are questions about other effects that your respiratory problems may have on you <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

My respiratory problems are a nuisance to my family, friends or neighbors

True = 1

False = 2

sgrq28

These are questions about other effects that your respiratory problems may have on you <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

I get afraid or panic when I cannot catch my breath

True = 1

False = 2

sgrq29

These are questions about other effects that your respiratory problems may have on you <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

I feel that I am not in control of my respiratory problems

True = 1

False = 2

sgrq30

These are questions about other effects that your respiratory problems may have on you <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

I do not expect my respiratory problems to get any better

True = 1

False = 2

sgrq31

These are questions about other effects that your respiratory problems may have on you <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

I have become frail or an invalid because of my respiratory problems

True = 1

False = 2

sgrq32

These are questions about other effects that your respiratory problems may have on you <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

Exercise is not safe for me

True = 1

False = 2

sgrq33

These are questions about other effects that your respiratory problems may have on you <U>these days.</U> For each statement please select the answer that applies to you <U>these days.</U>

Everything seems too much of an effort

True = 1

False = 2

sgrq34

Are you receiving treatment for your COPD?

Yes = 1

No = 2

sgrq35

These are questions about your respiratory treatment. For each statement please select the answer that applies to you <U>these days.</U>

My treatment does not help me very much

True = 1

False = 2

sgrq36

These are questions about your respiratory treatment. For each statement please select the answer that applies to you <U>these days.</U>

I get embarrassed using my medication in public

True = 1

False = 2

sgrq37

These are questions about your respiratory treatment. For each statement please select the answer that applies to you <U>these days.</U>

I have unpleasant side effects from my medication

True = 1

False = 2

sgrq38

These are questions about your respiratory treatment. For each statement please select the answer that applies to you <U>these days.</U>

My treatment interferes with my life a lot

True = 1

False = 2

sgrq39

These are questions about how your activities might be affected by your respiratory problems. For each statement please select the answer that applies to you <U>these days.</U>

I take a long time to get washed or dressed

True = 1

False = 2

sgrq40

These are questions about how your activities might be affected by your respiratory problems. For each statement please select the answer that applies to you <U>these days.</U>

I cannot take a bath or shower, or I take a long time to do it

True = 1

False = 2

sgrq41

These are questions about how your activities might be affected by your respiratory problems. For each statement please select the answer that applies to you <U>these days.</U>

I walk slower than other people my age, or I stop to rest

True = 1

False = 2

sgrq42

These are questions about how your activities might be affected by your respiratory problems. For each statement please select the answer that applies to you <U>these days.</U>

Jobs such as household chores take a long time, or I have to stop to rest

True = 1

False = 2

sgrq43

These are questions about how your activities might be affected by your respiratory problems. For each statement please select the answer that applies to you <U>these days.</U>

If I walk up one flight of stairs, I have to go slowly or stop

True = 1

False = 2

sgrq44

These are questions about how your activities might be affected by your respiratory problems. For each statement please select the answer that applies to you <U>these days.</U>

If I hurry or walk fast, I have to stop or slow down

True = 1

False = 2

sgrq45

These are questions about how your activities might be affected by your respiratory problems. For each statement please select the answer that applies to you <U>these days.</U>

My breathing makes it difficult to do things such as walk up hills, carry things up stairs, light gardening such as weeding, dance, bowl, or play golf

True = 1

False = 2

sgrq46

These are questions about how your activities might be affected by your respiratory problems. For each statement please select the answer that applies to you <U>these days.</U>

My breathing makes it difficult to do things such as carry heavy loads, dig in the garden or shovel snow, jog or walk briskly (5 miles per hour), play tennis or swim

True = 1

False = 2

sgrq47

These are questions about how your activities might be affected by your respiratory problems. For each statement please select the answer that applies to you <U>these days.</U>

My breathing makes it difficult to do things such as very heavy manual work, ride a bike, run, swim fast, or play competitive sports

True = 1

False = 2

sgrq48

We would like to know how your respiratory problems <U>usually</U> affect your daily life. For each statement please select the answer that applies to you <U>these days.</U>

I cannot play sports or do other physical activities

True = 1

False = 2

sgrq49

We would like to know how your respiratory problems <U>usually</U> affect your daily life. For each statement please select the answer that applies to you <U>these days.</U>

I cannot go out for entertainment or recreation

True = 1

False = 2

sgrq50

We would like to know how your respiratory problems <U>usually</U> affect your daily life. For each statement please select the answer that applies to you <U>these days.</U>

I cannot go out of the house to do the shopping

True = 1

False = 2

sgrq51

We would like to know how your respiratory problems <U>usually</U> affect your daily life. For each statement please select the answer that applies to you <U>these days.</U>

I cannot do household chores

True = 1

False = 2

sgrq52

We would like to know how your respiratory problems <U>usually</U> affect your daily life. For each statement please select the answer that applies to you <U>these days.</U>

I cannot move far from my bed or chair

True = 1

False = 2

sgrq101

sgrq101

Please write in any other important activities that your respiratory problems may stop you from doing:

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

sgrq53

Now please select the answer which best describes how your respiratory problems affect you:

It does not stop me from doing anything I would like to do = 1

It stops me from doing one or two things I would like to do = 2

It stops me from doing most of the things I would like to do = 3

It stops me from doing everything I would like to do = 4

sTOFLHA

Enter sTOFLHA score

Calculate participant's sTOFLHAscore

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

toflhad1

Date of initial sTOFLHA score

Date Recorded = 1

sTOFLHA02

Enter secondary sTOFLHA score

Calculate participant's sTOFLHAscore

Container: 539F4EF9-5F56-4084-B754-1C26CDAE9615

toflhad02

Date of secondary sTOFLHA score

Date Recorded = 1