# **Quality of Life Survey**

*[NOTE: DISPLAY PHYSFNCTINTRO, PHYSFNCT1, PHYSFNCT2, PHYSFNCT3, PHYSFNCT4 ON SAME SCREEN]*

[SrvQoL\_PHYSFNCTINTRO\_v1r0] Please respond to each question by selecting the response that best describes you.

1. [SrvQoL\_PHYSFNCT1\_v1r0] Are you able to do chores such as vacuuming or yard work?

4 Without any difficulty

3 With a little difficulty

2 With some difficulty

1 With much difficulty

0 Unable to do

1. [SrvQoL\_PHYSFNCT2\_v1r0] Are you able to go up and down stairs at a normal pace?

4 Without any difficulty

3 With a little difficulty

2 With some difficulty

1 With much difficulty

0 Unable to do

1. [SrvQoL\_PHYSFNCT3\_v1r0] Are you able to go for a walk of at least 15 minutes?

4 Without any difficulty

3 With a little difficulty

2 With some difficulty

1 With much difficulty

0 Unable to do

1. [SrvQoL\_PHYSFNCT4\_v1r0] Are you able to run errands and shop?

4 Without any difficulty

3 With a little difficulty

2 With some difficulty

1 With much difficulty

0 Unable to do

*[NOTE: DISPLAY ANXIETYINTRO, ANXIETY7D1, ANXIETY7D2, ANXIETY7D3, ANXIETY7D4 ON SAME SCREEN]*

[SrvQoL\_ANXIETYINTRO\_v1r0] Please respond to each statement by selecting the response that best describes you.

**In the past 7 days . . .**

1. [SrvQoL\_ANXIETY7D1\_v1r0] I felt fearful

44 Never

0 Rarely

1 Sometimes

2 Often

3 Always

1. [SrvQoL\_ANXIETY7D2\_v1r0] I found it hard to focus on anything other than my anxiety

44 Never

0 Rarely

1 Sometimes

2 Often

3 Always

1. [SrvQoL\_ANXIETY7D3\_v1r0] My worries overwhelmed me

44 Never

0 Rarely

1 Sometimes

2 Often

3 Always

1. [SrvQoL\_ANXIETY7D4\_v1r0] I felt uneasy

44 Never

0 Rarely

1 Sometimes

2 Often

3 Always

*[NOTE: DISPLAY DEPRESSINTRO, DEPRESS7D1, DEPRESS7D2, DEPRESS7D3, DEPRESS7D4 ON SAME SCREEN]*

[SrvQoL\_DEPRESSINTRO\_v1r0] Please respond to each statement by selecting the response that best describes you.

**In the past 7 days . . .**

1. [SrvQoL\_DEPRESS7D1\_v1r0] I felt worthless

44 Never

0 Rarely

1 Sometimes

2 Often

3 Always

1. [SrvQoL\_DEPRESS7D2\_v1r0] I felt helpless

44 Never

0 Rarely

1 Sometimes

2 Often

3 Always

1. [SrvQoL\_DEPRESS7D3\_v1r0] I felt depressed

44 Never

0 Rarely

1 Sometimes

2 Often

3 Always

1. [SrvQoL\_DEPRESS7D4\_v1r0] I felt hopeless

44 Never

0 Rarely

1 Sometimes

2 Often

3 Always

*[NOTE: DISPLAY FATIGUEINTRO, FATIGUE7D1, FATIGUE7D2, FATIGUE7D3, FATIGUE7D4 ON SAME SCREEN]*

[SrvQoL\_FATIGUEINTRO\_v1r0] Please respond to each of the following by selecting the response that best describes you.

**During the past 7 days . . .**

1. [SrvQoL\_FATIGUE7D1\_v1r0] I feel fatigued

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

1. [SrvQoL\_FATIGUE7D2\_v1r0] I have trouble starting things because I am tired

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

**In the past 7 days . . .**

1. [SrvQoL\_FATIGUE7D3\_v1r0] How run-down did you feel on average?

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

1. [SrvQoL\_FATIGUE7D4\_v1r0] How fatigued were you on average?

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

*[NOTE: DISPLAY SLEEPINTRO, SLEEP7D1, SLEEP7D2, SLEEP7D3, SLEEP7D4 ON SAME SCREEN]*

[SrvQoL\_SLEEPINTRO\_v1r0] Please respond to each statement by selecting the response that best describes you.

**In the past 7 days . . .**

1. [SrvQoL\_SLEEP7D1\_v1r0] My sleep quality was

4 Very poor

3 Poor

2 Fair

1 Good

0 Very good

1. [SrvQoL\_SLEEP7D2\_v1r0] My sleep was refreshing

4 Not at all

3 A little bit

2 Somewhat

1 Quite a bit

0 Very much

1. [SrvQoL\_SLEEP7D3\_v1r0] I had a problem with my sleep

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

1. [SrvQoL\_SLEEP7D4\_v1r0] I had difficulty falling asleep

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

*[NOTE: DISPLAY SOCIALINTRO, SOCIAL1, SOCIAL2, SOCIAL3, SOCIAL4 ON SAME SCREEN]*

[SrvQoL\_SOCIALINTRO\_v1r0] Please respond to each statement by selecting the response that best describes you.

1. [SrvQoL\_SOCIAL1\_v1r0] I have trouble doing all of my regular leisure activities with others

44 Never

3 Rarely

2 Sometimes

1 Usually

0 Always

1. [SrvQoL\_SOCIAL2\_v1r0] I have trouble doing all of the family activities that I want to do

44 Never

3 Rarely

2 Sometimes

1 Usually

0 Always

1. [SrvQoL\_SOCIAL3\_v1r0] I have trouble doing all of my usual work (include work at home)

44 Never

3 Rarely

2 Sometimes

1 Usually

0 Always

1. [SrvQoL\_SOCIAL4\_v1r0] I have trouble doing all of the activities with friends that I want to do

44 Never

3 Rarely

2 Sometimes

1 Usually

0 Always

*[NOTE: DISPLAY PAININTRFINTRO, PAININTRF7D1, PAININTRF7D2, PAININTRF7D3, PAININTRF7D4 ON SAME SCREEN]*

[SrvQoL\_PAININTRFINTRO\_v1r0] Please respond to each question by selecting the response that best describes you.

**In the past 7 days . . .**

1. [SrvQoL\_PAININTRF7D1\_v1r0] How much did pain interfere with your day to day activities?

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

1. [SrvQoL\_PAININTRF7D2\_v1r0] How much did pain interfere with work around the home?

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

1. [SrvQoL\_PAININTRF7D3\_v1r0] How much did pain interfere with your ability to participate in social activities?

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

1. [SrvQoL\_PAININTRF7D4\_v1r0] How much did pain interfere with your household chores?

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

*[NOTE: DISPLAY SATISFYSOCIALINTRO, SATISFYSOCIAL1, SATISFYSOCIAL2, SATISFYSOCIAL3, SATISFYSOCIAL4 ON SAME SCREEN]*

[SrvQoL\_SATISFYSOCIAINTRO\_v1r0] Please respond to each statement by selecting the response that best describes you.

1. [SrvQoL\_SATISFYSOCIAL1\_v1r0] I am satisfied with my ability to do things for my family

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

1. [SrvQoL\_SATISFYSOCIAL2\_v1r0] I am satisfied with my ability to do things for fun with others

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

1. [SrvQoL\_SATISFYSOCIAL3\_v1r0] I feel good about my ability to do things for my friends

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

1. [SrvQoL\_SATISFYSOCIAL4\_v1r0] I am satisfied with my ability to perform my daily routines

0 Not at all

1 A little bit

2 Somewhat

3 Quite a bit

4 Very much

*[NOTE: DISPLAY SOCIALISOLATNINTRO, SOCIALISOLATN1, SOCIALISOLATN2, SOCIALISOLATN3, SOCIALISOLATN4 ON SAME SCREEN]*

[SrvQoL\_SOCIALISOLATNINTRO\_v1r0] Please respond to each statement by selecting the response that best describes you.

1. [SrvQoL\_SOCIALISOLATN1\_v1r0] I feel left out

44 Never

0 Rarely

1 Sometimes

2 Usually

3 Always

1. [SrvQoL\_SOCIALISOLATN2\_v1r0] I feel that people barely know me

44 Never

0 Rarely

1 Sometimes

2 Usually

3 Always

1. [SrvQoL\_SOCIALISOLATN3\_v1r0] I feel isolated from others

44 Never

0 Rarely

1 Sometimes

2 Usually

3 Always

1. [SrvQoL\_SOCIALISOLATN4\_v1r0] I feel that people are around me but not with me

44 Never

0 Rarely

1 Sometimes

2 Usually

3 Always

*[NOTE: DISPLAY COGFUNCTINTRO, COGFUNCT7D1, COGFUNCT7D2, COGFUNCT7D3, COGFUNCT7D4 ON SAME SCREEN]*

[SrvQoL\_COGFUNCTINTRO\_v1r0] Please respond to each statement by selecting the response that best describes you.

**In the past 7 days . . .**

1. [SrvQoL\_COGFUNCT7D1\_v1r0] My thinking has been slow

44 Never

3 Rarely (Once)

2 Sometimes (Two or three times)

1 Often (About once a day)

0 Very often (Several times a day)

1. [SrvQoL\_COGFUNCT7D2\_v1r0] It has seemed like my brain was not working as well as usual

44 Never

3 Rarely (Once)

2 Sometimes (Two or three times)

1 Often (About once a day)

0 Very often (Several times a day)

1. [SrvQoL\_COGFUNCT7D3\_v1r0] I have had to work harder than usual to keep track of what I was doing

44 Never

3 Rarely (Once)

2 Sometimes (Two or three times)

1 Often (About once a day)

0 Very often (Several times a day)

1. [SrvQoL\_COGFUNCT7D4\_v1r0] I have had trouble shifting back and forth between different activities that require thinking

44 Never

3 Rarely (Once)

2 Sometimes (Two or three times)

1 Often (About once a day)

0 Very often (Several times a day)

**END OF MODULE**

**Closing remark on submit survey screen: “You have answered all of the questions in this survey. To submit your answers, select the “Submit Survey” button.”**