

HUI®

HEALTH UTILITIES INDEX®



**INTERVIEWER-ADMINISTERED
QUESTIONNAIRE**

(US English - Self-assess)

® HUI Registration # TMA 544,008 (CAN), # 2228611 (UK), 2,660,116 (USA)
® Health Utilities Index Registration # TMA 550,246 (CAN), # 2228610 (UK), 2,716,082 (USA)

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HUI23S4US.40Q

HEALTH UTILITIES INDEX MARK 2 AND MARK 3 (HUI2/3) 40-ITEM QUESTIONNAIRE FOR INTERVIEWER-ADMINISTERED, SELF-ASSESSED "FOUR WEEK" HEALTH STATUS ASSESSMENT

by

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September 2, 2002



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HEALTH UTILITIES INDEX

Notes to researchers regarding the 40-item questionnaire for
interviewer-administered, self-assessed
"four week" health status assessment

The attached 40-item interviewer-administered questionnaire has been designed to ask the minimum number of questions, either in-person or by telephone, required to classify a subject's health status according to the classification systems of both Health Utilities Index Mark 2 and Mark 3 (HUI2 and HUI3). Question 41 is not an HUI[®] question but is included in this questionnaire because it is often useful to collect this information in health status measurement surveys. **Please note that respondents are to be encouraged to answer all appropriate questions. "Don't know" and "Refused" responses result in missing data and you will not be able to calculate the HUI utility scores for respondents with missing answers.**

This version of the questionnaire is phrased to elicit responses from a wide variety of subjects, aged 8 years and older, about their health status during the past 4 weeks, from their own perspective. Other versions are available to facilitate administration to proxy respondents (eg., family members and health professionals) and to focus questions on other assessment periods. The "current" health focus is often used in clinical studies and economic evaluations of health care programs, in which the concern is to monitor health changes due to treatment. The "usual" health focus has been used in population health surveys, where short-term illnesses like colds are not the major concern. Please contact HUIInc to obtain copies of other versions of the questionnaire.

This questionnaire includes a prototype cover sheet of variables that are typically important for identifying each interview (eg., subject ID number and date). All copies of the questionnaire should be clearly marked as a HUIInc. questionnaire.

For further information about the HUI[®] and to obtain a copy of the algorithm¹ for coding responses from the 40-item interviewer-administered questionnaire, please contact the following (and refer to questionnaire HUI23S4US.40Q: 2002-09):

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1. Furlong WJ, Feeny DH, Torrance GW. Health Utilities Index: Algorithm for determining Mark 2 (HUI2) / Mark 3 (HUI3) health status classification levels, health states, health-related quality of life scores, and single attribute level utility scores for 40-item interviewer-administered health status questionnaires. Health Utilities Inc., unpublished document; February 1, 1999.

HUI23S4US.40Q
HEALTH UTILITIES INDEX MARK 2 AND MARK 3 (HUI2/3)
40-ITEM QUESTIONNAIRE FOR
INTERVIEWER-ADMINISTERED, SELF-ASSESSED
"FOUR WEEK" HEALTH STATUS ASSESSMENT

STUDY TITLE: _____

ID NUMBER OF SUBJECT: _____

NAME OF SUBJECT: _____

NAME OF INTERVIEWER: _____

DATE OF INTERVIEW: _____

START TIME: _____ a.m./p.m.

END TIME: _____ a.m./p.m.

CONFIDENTIAL (when completed)

For office use only:

Name of person who collected completed questionnaire: _____

Date completed questionnaire received by office: _____

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HUI23S4US.40Q
HEALTH UTILITIES INDEX MARK 2 AND MARK 3 (HUI2/3)
40-ITEM QUESTIONNAIRE FOR
INTERVIEWER-ADMINISTERED, SELF-ASSESSED
"FOUR WEEK" HEALTH STATUS ASSESSMENT

The next set of questions asks about various aspects of your health. When answering these questions we would like you to think about your health and your ability to do things on a day-to-day basis, during the past four weeks. To define the 4-week period, please think about what the date was 4 weeks ago and recall the major events that you have experienced during this period. Please focus your answers on your abilities, disabilities and how you have felt during the past 4 weeks.

You may feel that some of these questions do not apply to you, but it is important that we ask the same questions of everyone. Also, a few questions are similar; please excuse the apparent overlap and answer each question independently.

All information you provide is confidential. There are no right or wrong answers; what we want is your opinion about your abilities and feelings.

Interviewer:

For each question, read the entire sentence as written on the left-hand side of the page following the question number, emphasizing the underlined words or words in italics, if any. Do not read the response options listed down the right-hand margin of the page except if listed as part of the question (e.g., Q26, Q31, etc.). Do not read the "Don't know" and "Refused" responses. Encourage respondents to answer each question to the best of their recollection. The answer given by the respondent to each question should be clearly marked in the circle/box beside the one appropriate answer listed in the right hand margin of the question page.

VISION

- | | | |
|---|--|---|
| 1 | During the past four weeks, have you been able to see well enough to read ordinary newsprint <i>without</i> glasses or contact lenses? | <input type="radio"/> Yes → Go to 4
<input type="radio"/> No
<input type="radio"/> Don't know
<input type="radio"/> Refused |
| 2 | Have you been able to see well enough to read ordinary newsprint <i>with</i> glasses or contact lenses? | <input type="radio"/> Yes → Go to 4
<input type="radio"/> No
<input type="radio"/> Don't know/Didn't wear glasses or contact lenses
<input type="radio"/> Refused |
| 3 | During the past four weeks, have you been able to see at all? | <input type="radio"/> Yes
<input type="radio"/> No → Go to 6
<input type="radio"/> Don't know
<input type="radio"/> Refused |

- 4 During the past four weeks, have you been able to see well enough to recognize a friend on the other side of the street *without* glasses or contact lenses?
- ☐ Yes → **Go to 6**
☐ No
☐ Don't know
☐ Refused
- 5 Have you been able to see well enough to recognize a friend on the other side of the street *with* glasses or contact lenses?
- ☐ Yes
☐ No
☐ Don't know/Didn't wear glasses or contact lenses
☐ Refused

HEARING

- 6 During the past four weeks, have you been able to hear what is said in a group conversation with at least three other people *without* a hearing aid?
- ☐ Yes → **Go to 11**
☐ No
☐ Don't know
☐ Refused
- 7 Have you been able to hear what is said in a group conversation with at least three other people *with* a hearing aid?
- ☐ Yes → **Go to 9**
☐ No
☐ Don't know/Didn't wear a hearing aid
☐ Refused
- 8 During the past four weeks, have you been able to hear at all?
- ☐ Yes
☐ No → **Go to 11**
☐ Don't know
☐ Refused
- 9 During the past four weeks, have you been able to hear what is said in a conversation with one other person in a quiet room *without* a hearing aid?
- ☐ Yes → **Go to 11**
☐ No
☐ Don't know
☐ Refused
- 10 Have you been able to hear what is said in a conversation with one other person in a quiet room *with* a hearing aid?
- ☐ Yes
☐ No
☐ Don't know/Didn't wear a hearing aid
☐ Refused

SPEECH

- 11 During the past four weeks, have you been able to be understood *completely* when speaking your own language with people who do not know you?
- ☐ Yes → **Go to 16**
☐ No
☐ Don't know
☐ Refused

- 12 Have you been able to be understood *partially* when speaking with people who do not know you?
- ☐ Yes
☐ No
☐ Don't know
☐ Refused
- 13 During the past four weeks, have you been able to be understood *completely* when speaking with people who know you well?
- ☐ Yes → **Go to 16**
☐ No
☐ Don't know
☐ Refused
- 14 Have you been able to be understood *partially* when speaking with people who know you well?
- ☐ Yes → **Go to 16**
☐ No
☐ Don't know
☐ Refused
- 15 During the past four weeks, have you been able to speak at all?
- ☐ Yes
☐ No
☐ Don't know
☐ Refused

GETTING AROUND

- 16 During the past four weeks, have you been able to bend, lift, jump and run *without difficulty* and *without help or equipment* of any kind?
- ☐ Yes → **Go to 24**
☐ No
☐ Don't know
☐ Refused
- 17 Have you been able to walk around the neighborhood *without difficulty* and *without help or equipment* of any kind?
- ☐ Yes → **Go to 24**
☐ No
☐ Don't know
☐ Refused
- 18 Have you been able to walk around the neighborhood *with difficulty* but *without help or equipment* of any kind?
- ☐ Yes → **Go to 24**
☐ No
☐ Don't know
☐ Refused
- 19 During the past four weeks, have you been able to walk at all?
- ☐ Yes
☐ No → **Go to 22**
☐ Don't know
☐ Refused
- 20 Have you needed mechanical support, such as braces or a cane or crutches, to be able to walk around the neighborhood?
- ☐ Yes
☐ No
☐ Don't know
☐ Refused

- 21 Have you needed the help of another person to walk?
☐ Yes
☐ No
☐ Don't know
☐ Refused
- 22 Have you needed a wheelchair to get around the neighborhood?
☐ Yes
☐ No
☐ Don't know
☐ Refused
- 23 Have you needed the help of another person to get around in the wheelchair?
☐ Yes
☐ No
☐ Don't know
☐ Refused

HANDS AND FINGERS

- 24 During the past four weeks, have you had the *full use* of both hands and ten fingers?
☐ Yes → **Go to 28**
☐ No
☐ Don't know
☐ Refused
- 25 Have you needed the help of another person because of limitations in the use of your hands or fingers?
☐ Yes
☐ No → **Go to 27**
☐ Don't know
☐ Refused
- 26 Have you needed the help of another person with some tasks, most tasks, or all tasks?
☐ Some tasks
☐ Most tasks
☐ All tasks
☐ Don't know
☐ Refused
- 27 Have you needed special equipment, for example, special tools to help with dressing or eating, because of limitations in the use of your hands or fingers?
☐ Yes
☐ No
☐ Don't know
☐ Refused

SELF-CARE

- 28 During the past four weeks, have you been able to eat, bathe, dress and use the toilet without difficulty?
☐ Yes → **Go to 31**
☐ No
☐ Don't know
☐ Refused

29 Have you needed the help of another person to eat, bathe, dress or use the toilet?

☐ Yes
☐ No
☐ Don't know
☐ Refused

30 Have you needed special equipment or tools to eat, bathe, dress or use the toilet?

☐ Yes
☐ No
☐ Don't know
☐ Refused

FEELINGS

31 During the past four weeks, have you been feeling happy or unhappy?

☐ Happy
☐ Unhappy → **Go to 33**
☐ Don't know
☐ Refused

32 Would you describe yourself as having felt:
 (a) happy and interested in life, or
 (b) somewhat happy?

☐ a → **Go to 34**
☐ b → **Go to 34**
☐ Don't know
☐ Refused

33 Would you describe yourself as having felt:
 (a) somewhat unhappy
 (b) very unhappy
 (c) so unhappy that life was not worthwhile?

☐ a
☐ b
☐ c
☐ Don't know
☐ Refused

34 During the past four weeks, did you ever feel fretful, angry, irritable, anxious or depressed?

☐ Yes
☐ No → **Go to 37**
☐ Don't know
☐ Refused

35 How often did you feel fretful, angry, irritable, anxious or depressed: rarely, occasionally, often, or almost always?

☐ Rarely
☐ Occasionally
☐ Often
☐ Almost always
☐ Don't know
☐ Refused

36 During the past four weeks, did you feel *extremely* fretful, angry, irritable, anxious or depressed; to the point of needing professional help?

☐ Yes
☐ No
☐ Don't know
☐ Refused

MEMORY

- 37 How would you describe your ability to remember things, during the past four weeks:
- (a) able to remember most things
 - (b) somewhat forgetful
 - (c) very forgetful
 - (d) unable to remember anything at all?
- ☐ a
☐ b
☐ c
☐ d
☐ Don't know
☐ Refused

THINKING

- 38 How would you describe your ability to think and solve day to day problems, during the past four weeks:
- (a) able to think clearly and solve problems
 - (b) had a little difficulty
 - (c) had some difficulty
 - (d) had a great deal of difficulty
 - (e) unable to think or solve problems?
- ☐ a
☐ b
☐ c
☐ d
☐ e
☐ Don't know
☐ Refused

PAIN AND DISCOMFORT

- 39 Have you had any trouble with pain or discomfort, during the past four weeks?
- ☐ Yes
☐ No → **Go to 41**
☐ Don't know
☐ Refused
- 40 How many of your activities, during the past four weeks, were limited by pain or discomfort: none, a few, some, most, all?
- ☐ None
☐ A few
☐ Some
☐ Most
☐ All
☐ Don't know
☐ Refused
- 41 Overall, how would you rate your health during the past four weeks?
- (a) excellent
 - (b) very good
 - (c) good
 - (d) fair
 - (e) poor
- ☐ a
☐ b
☐ c
☐ d
☐ e
☐ Don't know
☐ Refused

Thank you. That ends this set of questions.

TIME FINISHED: _____ **a.m. / p.m.**