Health-Related Quality of Life Scale

This survey accompanies a measure in the SPARQTools.org <u>Measuring Mobility toolkit</u>, which provides practitioners curated instruments for assessing mobility from poverty and tools for selecting the most appropriate measures for their programs.

Age: Adult

Duration: 3-5 minutes

Reading Level: < 6th grade (orally delivered) / 9th-12th grade (written survey)

Number of items: 14

Answer Format: This survey uses multiple answer formats. Please see the scoring

instructions below for more information.

Scoring:

The Core Healthy Days Module subscale contains Q1. The answer format for this question is: 1 = excellent; 2 = very good; 3 = good; 4 = fair; 5 = poor.

The Core Healthy Days Module subscale also contains Q2, Q3, and Q4. The answer format for these questions is: 1 = number of day (fill in the blank); 2 = none.

The *Activity Limitations Module* subscale contains Q5. The answer format for this question is: 1 = yes; 2 = no.

The *Activity Limitations Module* subscale also contains Q6. The answer format for this question is: 1 = arthritis/rheumatism; 2 = back or neck problem; 3 = fractures, bone/joint injury; 4 = walking problem; 5 = lung/breathing problem; 6 = hearing problem; 7 = eye/vision problem; 8 = heart problem; 9 = stroke problem; 10 = hypertension/high blood pressure; 11 = diabetes; 12 = cancer; 13 = depression/anxiety/emotional problem; 14 = other impairment/problem.

The *Activity Limitations Module* subscale also contains Q7. The answer format for this question is fill in the blank.

To calculate the unhealthy days score for each participant, sum the number of physically unhealthy and mentally unhealthy days. The maximum score is 30 unhealthy days, even if the number of unhealthy days totals more than 30. To calculate a healthy days score, subtract the number of unhealthy days from 30.

Sources:

Centers for Disease Control and Prevention. (2016, May). Health-related quality of life (HRQOL). Retrieved from: https://www.cdc.gov/hrqol/methods.htm.

Core Healthy Days Module 1. Would you say that in general your health is:						
Exceller	nt	Very good	Good	Fair	Poor	
2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?						
	Numbe None	r of days:				
3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?						
	Numbe None	r of days:				
If you answered "none" to questions 2 and 3, skip question 4 below:						
4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?						
	Numbe None	r of days:				
Activity Limitations Module						
Instructions : These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.						
5. Are you LIMITED in any way in any activities because of any impairment or health problem?						
	Yes		No			
If no, skip to "Healthy Days Symptoms Module."						
6. What is the MAJOR impairment or health problem that limits your activities?						
a. Arthritis/rheumatism						

b. Back or neck problem
c. Fractures, bone/joint injury
d. Walking problem
e. Lung/breathing problem
f. Hearing problem
g. Eye/vision problem

i. j. k. l. m.	Heart problem Stroke problem Hypertension/high blood pre Diabetes Cancer Depression/anxiety/emotion Other impairment/problem	
7. For HOW or health pro		een limited because of your major impairment
a. b. c. d.	Days 1 Weeks 2 Months 3 Years 4	
	RSONAL CARE needs, such	roblem, do you need the help of other persons as eating, bathing, dressing, or getting
	Yes	No
in handling y		roblem, do you need the help of other persons s everyday household chores, doing around for other purposes?
	Yes	No
Healthy Day	s Symptoms Module	
•	e past 30 days, for about how Il activities, such as self-care	w many days did PAIN make it hard for you to , work, or recreation?
	Number of days: None	
DEPRESSEI a.	•	w many days have you felt SAD, BLUE, or
TENSE, or A a.		w many days have you felt WORRIED,

ENOUGH RE a.	e past 30 days, for about how many days have you felt you did NOT get ST or SLEEP? Number of days: None
D.	None
AND FULL OI a.	e past 30 days, for about how many days have you felt VERY HEALTHY F ENERGY? Number of days: None