QUALITY OF LIFE AND HEALTH STATUS MEASUREMENT:
PATIENT QUESTIONNAIRE (BASELINE/PRE-BASELINE VERSION)

I. DEMOGRAPHICS
For Questions 1-4, circle the number of the single most appropriate answer.
1a. Patient race is:
   - American Indian or Alaskan Native: 1
   - Asian or Pacific Islander: 2
   - Black: 3
   - White: 4

1b. Patient ethnicity is:
   - Hispanic origin: 1
   - Not Hispanic origin: 2

2. Patient sex is:
   - Male: 1
   - Female: 2

3. What is your current marital status?
   - Married, spouse present: 1
   - Married, spouse absent: 2
   - Widowed: 3
   - Divorced: 4
   - Separated: 5
   - Living with someone (means relationship): 6
   - Never married: 7

4. What is the last grade in school you completed?
   - Less than high school graduate: 1
   - High school graduate (Grade 12)/vocational: 2
   - Some college: 3
   - College graduate: 4
   - Post-graduate education: 5

II. WORK STATUS AND HISTORY
(For Questions 5-16, circle the number of the single most appropriate answer.)
5. Are you now able to work for pay:
   - Full-time: 1
   - Part-time: 2
   - Not at all: 3

6. Are you now limited in the kind of work for pay you can do because of your health?
   - Yes: 1
   - No: 2

7. Are you now limited in the amount of work for pay you can do because of your health?
   - Yes: 1
   - No: 2

*Indicate who completed this questionnaire by circling "PT" for the patient alone, or "PT/SW" for the patient and social worker together.
Patient Questionnaire Parts I-III (Baseline and Pre-baseline Version)

8. What is your current work status? Are you presently:
   - Employed for pay full-time (30 hours or more a week) ................................................... 01
   - Employed for pay part-time (less than 30 hours a week) ................................................... 02
   - A homemaker .......................................................................................................................... 03
   - A student (full-time) .............................................................................................................. 04
   - Unable to work because of health (disabled) ........................................................................... 05
   - Retired ........................................................................................................................................ 06
   - Unemployed, but seeking employment .................................................................................... 07
   - Unemployed, and not seeking employment ............................................................................. 08
   - Employed, but temporarily laid off ........................................................................................... 09
   - Other (Specify) ......................................................................................................................... 10

9. If employed, is your work:
   - Clerical ....................................................................................................................................... 1
   - Professional ............................................................................................................................... 2
   - Tradesperson ............................................................................................................................. 3
   - Manual Labor ............................................................................................................................ 4
   - Other ........................................................................................................................................... 5

10. If employed, what is your occupation? ______________________________________________________
    How long have you been employed in this occupation? _______ years?

11. If employed, what is your present hourly rate (before taxes)?
    ***INTERVIEWER: ROUND TO NEAREST DOLLAR***
    $ .00/hour

12. If you are not currently employed for pay but were to take a job now, what do you think would be
    your hourly rate? ***INTERVIEWER: ROUND TO NEAREST DOLLAR***
    $ .00/hour

13. What was your work status before you began dialysis or had kidney failure? Were you:
   - Employed for pay full-time (30 hours or more a week) ................................................... 01
   - Employed for pay part-time (less than 30 hours a week) ................................................... 02
   - A homemaker .......................................................................................................................... 03
   - A student (full-time) .............................................................................................................. 04
   - Unable to work because of health (disabled) ........................................................................... 05
   - Retired ........................................................................................................................................ 06
   - Unemployed, but seeking employment .................................................................................... 07
   - Unemployed, and not seeking employment ............................................................................. 08
   - Employed, but temporarily laid off ........................................................................................... 09
   - Other (Specify) ......................................................................................................................... 10

14. If you were employed for pay before you began dialysis or had kidney failure, was your job:
   - Clerical ....................................................................................................................................... 1
   - Professional ............................................................................................................................... 2
   - Tradesperson ............................................................................................................................. 3
   - Manual Labor ............................................................................................................................ 4
   - Other ........................................................................................................................................... 5

15. If you were employed for pay before you had kidney failure, what occupation did you have before
    you began dialysis or had kidney failure?
    Occupation? _________________________________________________________________________
    How long had you been employed in this occupation before you had kidney failure? _______ years

16. If you were employed for pay before you had kidney failure, what was your last hourly rate (before
    taxes)?
    ***INTERVIEWER: ROUND TO NEAREST DOLLAR***
    $ .00/hour
III. QUALITY OF LIFE AND HEALTH STATUS (MOS)  
(Questions 17-26 based on material from Quality Quest, Inc., 1989)

17a. In general, would you say your health NOW is: (Circle one number.)

- Excellent........................................................................... 1
- Very Good........................................................................... 2
- Good.................................................................................. 3
- Fair.......................................................................................... 4
- Poor........................................................................................... 5

17b. In general, would you say your health THE WEEK BEFORE LABOR DAY was: (Circle one number.)

- Excellent........................................................................... 1
- Very Good........................................................................... 2
- Good.................................................................................. 3
- Fair.......................................................................................... 4
- Poor........................................................................................... 5

18. Compared to one year ago, how would you rate your health in general now? (Circle one number.)

- Much better now than one year ago................................. 1
- Somewhat better now than one year ago......................... 2
- About the same................................................................. 3
- Somewhat worse now than a year ago.............................. 4
- Much worse now than one year ago................................. 5

HEALTH AND DAILY ACTIVITIES

19a. The following questions are about activities you might do during a typical day. Does your health NOW limit you in these activities. If so, how much? (Circle 1, 2, or 3 on each line.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, Limited a Lot</th>
<th>Yes, Limited a Little</th>
<th>No, Not Limited at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c. Lifting or carrying groceries</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Climbing several flights of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Climbing one flight of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Bending, kneeling, or stooping</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Walking more than a mile</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Walking several blocks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Walking one block</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j. Bathing and dressing yourself</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
19b. The following questions are about activities you might do during a typical day. Did your health \textbf{THE WEEK BEFORE LABOR DAY} limit you in these activities. If so, how much? (Circle 1, 2, or 3 on each line.)

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
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<td>a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</td>
<td>Yes, Limited a Lot</td>
<td>Yes, Limited a Little</td>
<td>No, Not Limited at All</td>
</tr>
<tr>
<td>b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf</td>
<td>Yes, Limited a Lot</td>
<td>Yes, Limited a Little</td>
<td>No, Not Limited at All</td>
</tr>
<tr>
<td>c. Lifting or carrying groceries</td>
<td>Yes, Limited a Lot</td>
<td>Yes, Limited a Little</td>
<td>No, Not Limited at All</td>
</tr>
<tr>
<td>d. Climbing several flights of stairs</td>
<td>Yes, Limited a Lot</td>
<td>Yes, Limited a Little</td>
<td>No, Not Limited at All</td>
</tr>
<tr>
<td>e. Climbing one flight of stairs</td>
<td>Yes, Limited a Lot</td>
<td>Yes, Limited a Little</td>
<td>No, Not Limited at All</td>
</tr>
<tr>
<td>f. Bending, kneeling, or stooping</td>
<td>Yes, Limited a Lot</td>
<td>Yes, Limited a Little</td>
<td>No, Not Limited at All</td>
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<tr>
<td>g. Walking more than a mile</td>
<td>Yes, Limited a Lot</td>
<td>Yes, Limited a Little</td>
<td>No, Not Limited at All</td>
</tr>
<tr>
<td>h. Walking several blocks</td>
<td>Yes, Limited a Lot</td>
<td>Yes, Limited a Little</td>
<td>No, Not Limited at All</td>
</tr>
<tr>
<td>i. Walking one block</td>
<td>Yes, Limited a Lot</td>
<td>Yes, Limited a Little</td>
<td>No, Not Limited at All</td>
</tr>
<tr>
<td>j. Bathing and dressing yourself</td>
<td>Yes, Limited a Lot</td>
<td>Yes, Limited a Little</td>
<td>No, Not Limited at All</td>
</tr>
</tbody>
</table>

20a. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities \textbf{AS A RESULT OF YOUR PHYSICAL HEALTH}? (Please answer \textbf{YES} or \textbf{NO} for each question by circling 1 or 2 on each line.)

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cut down on the amount of time you could spend on work or other activities</td>
<td>YES</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>b. Accomplished less than you would like</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>c. Were limited in the kind of work or other activities</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>d. Had difficulty performing the work or other activities</td>
<td>1</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

20b. During the \textbf{4 weeks BEFORE LABOR DAY}, have you had any of the following problems with your work or other regular daily activities \textbf{AS A RESULT OF YOUR PHYSICAL HEALTH}? (Please answer \textbf{YES} or \textbf{NO} for each question by circling 1 or 2 on each line.)

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cut down on the amount of time you could spend on work or other activities</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>b. Accomplished less than you would like</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Were limited in the kind of work or other activities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Had difficulty performing the work or other activities</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

21a. During the \textbf{past 4 weeks}, have you had any of the following problems with your work or other regular daily activities \textbf{AS A RESULT OF ANY EMOTIONAL PROBLEMS} (such as feeling depressed or anxious)? (Please answer \textbf{YES} or \textbf{NO} for each question by circling 1 or 2 on each line.)

<table>
<thead>
<tr>
<th>Problem Description</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cut down on the amount of time you could spend on work or other activities</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>b. Accomplished less than you would like</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Didn't do work or other activities as carefully as usual</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
21b. During the 4 weeks BEFORE LABOR DAY, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Please answer YES or NO for each question by circling 1 or 2 on each line.)

**YES**  **NO**

- a. Cut down on the amount of time you could spend on work or other activities
- b. Accomplished less than you would like
- c. Didn't do work or other activities as carefully as usual

22a. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Circle one number.)

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

22b. During the 4 weeks BEFORE LABOR DAY, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Circle one number.)

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

**YOUR FEELINGS**

23a. These questions are about how you feel and how things have been with you during the past month. For each question, please indicate the one answer that comes closest to the way you have been feeling. (Circle one number on each line.)

<table>
<thead>
<tr>
<th></th>
<th>All of the Time</th>
<th>Most of the Time</th>
<th>A Good Bit of the Time</th>
<th>Some of the Time</th>
<th>A Little of the Time</th>
<th>None of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. did you feel full of pep?</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. have you been a very nervous person?</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. have you felt so down in the dumps that nothing could cheer you up?</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. have you felt calm and peaceful?</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. did you have a lot of energy?</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. have you felt downhearted and blue?</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. did you feel worn out?</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. have you been a happy person?</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. did you feel tired?</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. has your health limited your social activities (like visiting with friends or close relatives)?</td>
<td>1 2 3 4 5 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
23b. These questions are about how you felt and how things were with you during the month before Labor Day. For each question, please indicate the one answer that comes closest to the way you were feeling. (Circle one number on each line.)

How much of the time during that month,

<table>
<thead>
<tr>
<th></th>
<th>All of the Time</th>
<th>Most of the Time</th>
<th>A Good Bit of the Time</th>
<th>Some of the Time</th>
<th>A Little of the Time</th>
<th>None of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>j.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24a. How much bodily pain have you had during the past 4 weeks? (Circle one number.)

- None........................................................................... 1
- Very mild..................................................................... 2
- Mild........................................................................... 3
- Moderate...................................................................... 4
- Severe........................................................................ 5
- Very severe.................................................................. 6

24b. How much bodily pain did you have during the 4 weeks before Labor Day? (Circle one number.)

- None........................................................................... 1
- Very mild..................................................................... 2
- Mild........................................................................... 3
- Moderate...................................................................... 4
- Severe........................................................................ 5
- Very severe.................................................................. 6

25a. During the past 4 weeks, how much did pain interfere with your normal work (including both outside the home and housework)? (Circle one number.)

- Not at all..................................................................... 1
- A little bit................................................................... 2
- Moderately................................................................... 3
- Quite a bit................................................................... 4
- Extremely..................................................................... 5
25b. During the 4 weeks BEFORE LABOR DAY how much did pain interfere with your normal work (including both outside the home and housework)? (Circle one number.)

- Not at all................................................................. 1
- A little bit............................................................... 2
- Moderately............................................................... 3
- Quite a bit............................................................... 4
- Extremely...................................................................... 5

HEALTH IN GENERAL

26a. Please choose the answer that best describes how true or false each of the following statements is for you NOW. (Circle one number on each line.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Not Sure</th>
<th>Mostly False</th>
<th>Definitely False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I seem to get sick a little easier than other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. I am as healthy as anybody I know.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. I expect my health to get worse.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. My health is excellent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

26b. Please choose the answer that best describes how true or false each of the following statements was for you THE WEEK BEFORE LABOR DAY. (Circle one number on each line.)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Not Sure</th>
<th>Mostly False</th>
<th>Definitely False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I seem to get sick a little easier than other people.</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. I am as healthy as anybody I know.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
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<tr>
<td>c. I expect my health to get worse.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

27a. Here are some words and phrases we would like you to use to describe how you feel about your life NOW. For example, if you think your life is very "boring," circle "1." If you think it is very "interesting," circle "7." If you think it is somewhere in between, put circle around number where you think it belongs. (Circle one number on every line.)

<table>
<thead>
<tr>
<th>Word/Phrase</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. BORING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>INTERESTING</td>
</tr>
<tr>
<td>b. ENJOYABLE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MISERABLE</td>
</tr>
<tr>
<td>c. EASY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HARD</td>
</tr>
<tr>
<td>d. USELESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>WORTHWHILE</td>
</tr>
<tr>
<td>e. FRIENDLY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>LONELY</td>
</tr>
<tr>
<td>f. FULL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>EMPTY</td>
</tr>
<tr>
<td>g. DISCOURAGING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>HOPEFUL</td>
</tr>
<tr>
<td>h. TIED DOWN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>FREE</td>
</tr>
<tr>
<td>i. DISAPPOINTING</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>REWARDING</td>
</tr>
<tr>
<td>j. BRINGS OUT THE BEST IN ME</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>DOESN'T GIVE ME</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>MUCH CHANCE</td>
</tr>
</tbody>
</table>
27b. Here are some words and phrases we would like you to use to describe how you felt about your life THE WEEK BEFORE LABOR DAY. For example, if you thought your life was very "boring," circle "1." If you thought it was very "interesting," circle "7." If you thought it was somewhere in between, put the circle around the number where you think it belongs. (Circle one number on every line.)

a. BORING 1 2 3 4 5 6 7 INTERESTING
b. ENJOYABLE 1 2 3 4 5 6 7 MISERABLE
c. EASY 1 2 3 4 5 6 7 HARD
d. USELESS 1 2 3 4 5 6 7 WORTHWHILE
e. FRIENDLY 1 2 3 4 5 6 7 LONELY
f. FULL 1 2 3 4 5 6 7 EMPTY
g. DISCOURAGING 1 2 3 4 5 6 7 HOPEFUL
h. TIED DOWN 1 2 3 4 5 6 7 FREE
i. DISAPPOINTING 1 2 3 4 5 6 7 REWARDING
j. BRINGS OUT THE BEST IN ME 1 2 3 4 5 6 7 DOESN’T GIVE ME MUCH CHANCE

28a. We have asked a little about various parts of your life. Now we want to ask about your life as a whole. How satisfied are you with your life as a whole THESE DAYS? (Circle the single number which comes closest to how satisfied or dissatisfied you are with your life as a whole.)

COMPLETELY SATISFIED 1 2 3 4 5 6 7 COMPLETELY DISSATISFIED

28b. How satisfied were you with your life as a whole THE WEEK BEFORE LABOR DAY? (Circle the single number which comes closest to how satisfied or dissatisfied you were with your life as a whole.)

COMPLETELY SATISFIED 1 2 3 4 5 6 7 COMPLETELY DISSATISFIED
IV. KARNOFSKY INDEX OF FUNCTIONAL ABILITY and ABILITY TO WORK
(To be completed by the social worker WITHOUT asking the patient.)

1. Please circle the number of the statement below which best describes the patient’s current condition. (Circle one.)
   - Normal; no complaints; no evidence of disease ................................................................. 01
   - Able to carry on normal activity; minor signs and symptoms of disease ...................... 02
   - Normal activity with effort; some signs and symptoms of disease .............................. 03
   - Care for self; unable to carry on normal activity or do active work ............................. 04
   - Requires occasional assistance but is able to care for most of own needs ................... 05
   - Requires considerable assistance and frequent medical care ......................................... 06
   - Disabled; requires special care and assistance .............................................................. 07
   - Severely disabled; hospitalization is indicated although death not imminent .............. 08
   - Very sick; hospitalization necessary ............................................................................. 09
   - Moribund; fatal processes progressing rapidly ............................................................. 10

2. To your knowledge, is this patient currently working for pay? (Circle one.)
   - YES ................................................................................................................................. 01 (SKIP Q. 3)
   - NO ................................................................................................................................. 02
   - DON’T KNOW ............................................................................................................... 03

3. Do you think he/she is able to work for pay? (Circle one.)
   - YES ................................................................................................................................. 01
   - NO ................................................................................................................................. 02
   - DON’T KNOW ............................................................................................................... 03

FOLLOW-UP INFORMATION COLLECTED IS IDENTICAL FORM SENT 6 MONTHS LATER.
V. REASON FOR NON-EPO STATUS

1. What is the reason for this patient's non-EPO status: (Circle one.)

- Patient's anemia is mild ................................................................. 1
- Patient doesn't want EPO ............................................................ 2
- Patient's blood pressure is hard to control .................................... 3
- Patient is anemic with a hematocrit of <25%, but patient is not symptomatic/doesn’t require regular transfusions ............................................ 4
- Patient's need for EPO is not urgent, given the cost .................... 5
- Patient's quality of life not expected to improve with EPO ........... 6
- EPO is not available at this unit ..................................................... 7
- Other (Specify__________________________________________________) .................. 8

FOLLOW-UP INFORMATION COLLECTED IS IDENTICAL FORM SENT 6 MONTHS LATER.
QUALITY OF LIFE AND HEALTH STATUS MEASUREMENT
PATIENT QUESTIONNAIRE (6-MONTH FOLLOWUP VERSION)

NMC Location #: 
Patient Name:  
Date of Birth:  
HIC Number:  
Date Completed:  
Completed by: PT PT/SW

I. DEMOGRAPHICS
1. What is your current marital status? (Circle the number of the single most appropriate answer.)
   - Married, spouse present......................................................... 1
   - Married, spouse absent......................................................... 2
   - Widowed................................................................................. 3
   - Divorced.................................................................................. 4
   - Separated................................................................................ 5
   - Living with someone (means relationship)............................. 6
   - Never married........................................................................ 7

II. WORK STATUS AND HISTORY
(For Questions 2-9, circle the number of the single most appropriate answer.)
2. Are you now able to work for pay:  
   - Full-time.................................................................................. 1
   - Part-time.................................................................................. 2
   - Not at all.................................................................................... 3
3. Are you now limited in the kind of work for pay you can do because of your health?  
   - Yes......................................................................................... 1
   - No............................................................................................ 2
4. Are you now limited in the amount of work for pay you can do because of your health?  
   - Yes........................................................................................... 1
   - No............................................................................................. 2
5. What is your current work status? Are you presently:  
   - Employed for pay full-time (30 hours or more a week)...................... 01
   - Employed for pay part-time (less than 30 hours a week)...................... 02
   - A homemaker............................................................................. 03
   - A student (full-time).................................................................. 04
   - Unable to work because of health (disabled)................................. 05
   - Retired....................................................................................... 06
   - Unemployed, but seeking employment......................................... 07
   - Unemployed, and not seeking employment..................................... 08
   - Employed, but temporarily laid off............................................. 09
   - Other (Specify).......................................................................... 10
6. If employed, is your work:  
   - Clerical.................................................................................... 1
   - Professional............................................................................... 2
   - Tradesperson............................................................................. 3
   - Manual Labor............................................................................. 4
   - Other.......................................................................................... 5
7. If employed, what is your occupation? ________________________________________________
   How long have you been employed in this occupation? ________ years?

*Indicate who completed this questionnaire by circling "PT" for the patient alone, or "PT/SW" for the patient and social worker together.

Smith.SSWG: Reduced-EPO-PT-FollowUp Q
8. If employed, what is your present hourly rate (before taxes)?

***INTERVIEWER: ROUND TO NEAREST DOLLAR***

$ .00/hour

9. If you are not currently employed for pay but were to take a job now, what do you think would be your hourly rate? ***INTERVIEWER: ROUND TO NEAREST DOLLAR***

$ .00/hour

III. QUALITY OF LIFE AND HEALTH STATUS (MOS)
(Questions 10-19 based on material from Quality Quest, Inc., 1989)

10. In general, would you say your health NOW is: (Circle one number.)

   Excellent .......................................................... 1
   Very Good .......................................................... 2
   Good ................................................................. 3
   Fair ................................................................. 4
   Poor ................................................................. 5

11. Compared to one year ago, how would you rate your health in general now? (Circle one number.)

   Much better now than one year ago.......................... 1
   Somewhat better now than one year ago...................... 2
   About the same .................................................. 3
   Somewhat worse now than a year ago........................ 4
   Much worse now than one year ago........................... 5

HEALTH AND DAILY ACTIVITIES

12. The following questions are about activities you might do during a typical day. Does your health NOW limit you in these activities. If so, how much? (Circle 1, 2, or 3 on each line.)

   Yes, Limited Yes, Limited No, Not Limited
   a Lot a Little at All

   a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
   b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
   c. Lifting or carrying groceries
   d. Climbing several flights of stairs
   e. Climbing one flight of stairs
   f. Bending, kneeling, or stooping
   g. Walking more than a mile
   h. Walking several blocks
   i. Walking one block
   j. Bathing and dressing yourself
13. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Please answer YES or NO for each question by circling 1 or 2 on each line.)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- a. Cut down on the amount of time you could spend on work or other activities
- b. Accomplished less than you would like
- c. Were limited in the kind of work or other activities
- d. Had difficulty performing the work or other activities

14. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Please answer YES or NO for each question by circling 1 or 2 on each line.)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

- a. Cut down on the amount of time you could spend on work or other activities
- b. Accomplished less than you would like
- c. Didn't do work or other activities as carefully as usual

15. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups? (Circle one number.)

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

YOUR FEELINGS

16. These questions are about how you feel and how things have been with you during the past month. For each question, please indicate the one answer that comes closest to the way you have been feeling. (Circle one number on each line.)

<table>
<thead>
<tr>
<th>All of the Time</th>
<th>Most of the Time</th>
<th>A Good Bit of the Time</th>
<th>Some of the Time</th>
<th>A Little of the Time</th>
<th>None of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. did you feel full of pep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. have you been a very nervous person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. have you felt so down in the dumps that nothing could cheer you up?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. have you felt calm and peaceful?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e. did you have a lot of energy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>f. have you felt downhearted and blue?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>g. did you feel worn out?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>h. have you been a happy person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>i. did you feel tired?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>j. has your health limited your social activities (like visiting with friends or close relatives)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Patient Questionnaire Parts I-III (6-Month Followup Version)

PAIN

17. How much bodily pain have you had during the past 4 weeks? (Circle one number.)

None...................................................... 1
Very mild.................................................... 2
Mild........................................................... 3
Moderate.................................................... 4
Severe........................................................ 5
Very severe............................................... 6

18. During the past 4 weeks how much did pain interfere with your normal work (including both outside the home and housework)? (Circle one number.)

Not at all.................................................. 1
A little bit.................................................. 2
Moderately............................................... 3
Quite a bit............................................... 4
Extremely............................................... 5

HEALTH IN GENERAL

19. Please choose the answer that best describes how true or false each of the following statements is for you NOW. (Circle one number on each line.)

<table>
<thead>
<tr>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Not Sure</th>
<th>Mostly False</th>
<th>Definitely False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I seem to get sick a little easier than other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>b. I am as healthy as anybody I know.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>c. I expect my health to get worse.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>d. My health is excellent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

20. Here are some words and phrases we would like you to use to describe how you feel about your life NOW. For example, if you think your life is very "boring," circle "1." If you think it is very "interesting," circle "7." If you think it is somewhere in between, put the circle around the number where you think it belongs. (Circle one number on every line.)

<table>
<thead>
<tr>
<th>INTERESTING</th>
<th>HARD</th>
<th>WORTHWHILE</th>
<th>LONELY</th>
<th>EMPTY</th>
<th>HOPEFUL</th>
<th>REWARDING</th>
<th>DOESN'T GIVE ME MUCH CHANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. BORING</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>b. ENJOYABLE</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>c. EASY</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>d. USELESS</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>e. FRIENDLY</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>f. FULL</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>g. DISCOURAGING</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>h. TIED DOWN</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
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<tr>
<td>i. DISAPPOINTING</td>
<td>1</td>
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<td>5</td>
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<td>7</td>
</tr>
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<td>j. BRINGS OUT THE BEST IN ME</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
</tbody>
</table>

21. We have asked a little about various parts of your life. Now we want to ask about your life as a whole. How satisfied are you with your life as a whole THESE DAYS? (Circle the single number which comes closest to how satisfied or dissatisfied you are with your life as a whole.)

<table>
<thead>
<tr>
<th>COMPLETELY SATISFIED</th>
<th>COMPLETELY DISSATISFIED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>