

**Dataset Name: hrql\_v1.3(2.3)**

Participant ID pid  Acrostic acrostic   
Interviewer compby  V.C. vc   
Date of Visit vis\_dat

**Participant's gender must be entered on the Telephone Screener before proceeding!!**

**HRQL - Mood  
CRF 2.3**

**These are some questions about how you have been feeling. For each of the following statements, please mark with an "X" how often you have been feeling that way during the past week.**

**During the past week ?** (*Interviewer Note: Repeat the stem question periodically as needed*)

1. I felt that everything I did was an effort.

effort\_hrql

-9 -  
0 Rarely or never  
1 Some of the time  
2 Much or most of the time  
-6 Permanently Missing

2. I did not feel like eating: my appetite was poor.

appetite\_hrql

-9 -  
0 Rarely or never  
1 Some of the time  
2 Much or most of the time  
-6 Permanently Missing

3.  
My sleep was restless.

restless\_hrql

-9 -  
0 Rarely or never  
1 Some of the time  
2 Much or most of the time  
-6 Permanently Missing

4. I felt depressed.

depress\_hrql

-9 -  
0 Rarely or never  
1 Some of the time  
2 Much or most of the time  
-6 Permanently Missing

5. I was happy.

happy\_hrql

-9 -  
2 Rarely or never  
1 Some of the time  
0 Much or most of the time  
-6 Permanently Missing

6. I felt lonely.

lonely\_hrql

-9 -  
0 Rarely or never  
1 Some of the time  
2 Much or most of the time  
-6 Permanently Missing

7. People were unfriendly.

unfrndly\_hrql

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-9 -  
0 Rarely or never  
1 Some of the time  
2 Much or most of the time  
-6 Permanently Missing

enjlfe\_hrql

-9 -  
2 Rarely or never  
1 Some of the time  
0 Much or most of the time  
-6 Permanently Missing

8. I enjoyed life.

sad\_hrql

-9 -  
0 Rarely or never  
1 Some of the time  
2 Much or most of the time  
-6 Permanently Missing

9. I felt sad.

disliked\_hrql

-9 -  
0 Rarely or never  
1 Some of the time  
2 Much or most of the time  
-6 Permanently Missing

10. I felt that people disliked me.

getgoing\_hrql

-9 -  
0 Rarely or never  
1 Some of the time  
2 Much or most of the time  
-6 Permanently Missing

11. I could not get "going".

### Fatigue / Energy

The next questions asked are about your energy level during the past week.  
For each question, please mark with an "X" how you have been feeling during the past week.

"During the past week how often have you felt?."

fullpep\_hrql

-9 -  
1 All of the time  
2 Most of the time  
3 A good bit of the time  
4 Some of the time  
5 A little bit of the time  
6 None of the time  
-6 Permanently Missing

1. Full of Pep?

fatigued\_hrql

-9 -  
1 All of the time  
2 Most of the time  
3 A good bit of the time  
4 Some of the time  
5 A little bit of the time  
6 None of the time  
-6 Permanently Missing

2. Fatigued?

wornout\_hrql

-9 -  
1 All of the time  
2 Most of the time  
3 A good bit of the time  
4 Some of the time  
5 A little bit of the time  
6 None of the time  
-6 Permanently Missing

3. Worn Out?

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4. Full of Energy?

energy\_hrql

- 9 -
- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time
- 6 Permanently Missing

5. Tired?

tired\_hrql

- 9 -
- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time
- 6 Permanently Missing

6. Refreshed?

refresh\_hrql

- 9 -
- 1 All of the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little bit of the time
- 6 None of the time
- 6 Permanently Missing

### Perceived Stress

**These next questions ask about your feelings and thoughts during the last month. In each case, please mark with an "X" how often you felt or thought a certain way.**

**In the last month, how often have you....**

1. Been upset because of something that happened unexpectedly?

upset\_hrql

- 9 -
- 1 Never
- 2 Almost Never
- 3 Sometimes
- 4 Fairly Often
- 5 Very Often
- 6 Permanently Missing

2. That you were unable to control the important things in your life?

unablcntrl\_hrql

- 9 -
- 1 Never
- 2 Almost Never
- 3 Sometimes
- 4 Fairly Often
- 5 Very Often
- 6 Permanently Missing

3. Felt nervous and "stressed"?

stressed\_hrql

- 9 -
- 1 Never
- 2 Almost Never
- 3 Sometimes
- 4 Fairly Often
- 5 Very Often
- 6 Permanently Missing

4. Felt confident about your ability to handle your personal problems?

confident\_hrql

- 9 -
- 1 Never
- 2 Almost Never
- 3 Sometimes
- 4 Fairly Often

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5 Very Often  
-6 Permanently Missing

yourway\_hrql

-9 -  
1 Never  
2 Almost Never  
3 Sometimes  
4 Fairly Often  
5 Very Often  
-6 Permanently Missing

5. That things were going your way?

notcope\_hrql

-9 -  
1 Never  
2 Almost Never  
3 Sometimes  
4 Fairly Often  
5 Very Often  
-6 Permanently Missing

6. Found that you could not cope with all the things you had to do?

irritations\_hrql

-9 -  
1 Never  
2 Almost Never  
3 Sometimes  
4 Fairly Often  
5 Very Often  
-6 Permanently Missing

7. Been able to control irritations in your life?

ontop\_hrql

-9 -  
1 Never  
2 Almost Never  
3 Sometimes  
4 Fairly Often  
5 Very Often  
-6 Permanently Missing

8. Felt that you were on top of things?

angered\_hrql

-9 -  
1 Never  
2 Almost Never  
3 Sometimes  
4 Fairly Often  
5 Very Often  
-6 Permanently Missing

9. Been angered because of things that were outside of your control?

difficulties\_hrql

-9 -  
1 Never  
2 Almost Never  
3 Sometimes  
4 Fairly Often  
5 Very Often  
-6 Permanently Missing

10. Felt difficulties were piling up so high that you could not overcome them?

Source Form Language: lang

-9 -  
1 English  
2 Spanish

Participant ID  (affix ID label here)	<b>LIFE</b>	Acrostic <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span>	Interviewer <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span>	Visit Code <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span>
Date of Visit <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span> <span style="border: 1px solid black; display: inline-block; width: 30px; height: 20px;"></span>		month      day      year		

### HRQL Mood

<b>These are some questions about how you have been feeling. For each of the following statements, please mark with an “X” how often you have been feeling that way <u>during the past week</u>.</b>			
<b><u>During the past week...</u></b>	<b>Rarely or never</b>	<b>Some of the time</b>	<b>Much or most of the time</b>
1. I felt that everything I did was an effort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I did not feel like eating; my appetite was poor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. My sleep was restless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I felt depressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I was happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. People were unfriendly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I enjoyed life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I felt that people disliked me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I could not get “going”.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Fatigue / Energy

**The next questions ask about your energy level during the past week. For each question, please mark with an “X” how you have been feeling during the past week.”**

<b><u>During the past week</u> how often have you felt....”</b>						
	<b>All of the time</b>	<b>Most of the time</b>	<b>A good bit of the time</b>	<b>Some of the time</b>	<b>A little bit of the time</b>	<b>None of the time</b>
1. Full of pep?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fatigued?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Worn Out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Full of Energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Refreshed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Participant ID  
(affix ID label here)

**LIFE**

Acrostic

Visit				
Code				

## Perceived Stress

These next questions ask about your feelings and thoughts during the last month. In each case, please mark with an "X" how often you felt or thought a certain way.

In the <u>last month</u> , how often have you.....	Never	Almost Never	Sometimes	Fairly Often	Very Often
1. Been upset because of something that happened unexpectedly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Felt nervous and "stressed"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Found that you could not cope with all the things you had to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Been able to control irritations in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Felt that you were on top of things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Been angered because of things that were outside of your control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>