



Study #: 2004- 0306
Appendix: QM

Unique ID-

Instructions: The following questions ask about your quality of life. Please darken the corresponding circle for each of your answers. Only one circle should be filled in per question.

1. Would you say that in general your health is:
- ₁ Excellent
 - ₂ Very Good
 - ₃ Good
 - ₄ Fair
 - ₅ 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? 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? Days

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? Days

5. How often do you have someone help you read healthcare materials?

- ₁ Always
- ₂ Often
- ₃ Sometimes
- ₄ Occasionally
- ₅ Never

6. How often do you have problems learning about your medical condition because of difficulty understanding **written** information?

- ₁ Always
- ₂ Often
- ₃ Sometimes
- ₄ Occasionally
- ₅ Never

7. How often do you have problems learning about your medical condition because of difficulty understanding **verbal** information?

- ₁ Always
- ₂ Often
- ₃ Sometimes
- ₄ Occasionally
- ₅ Never

8. How confident are you filling out medical forms about yourself?

- ₁ Not at all
- ₂ A little bit
- ₃ Somewhat
- ₄ Quite a bit
- ₅ A great deal

Tell us about yourself: Please answer the following questions based on your present situation. Please select the best response from the choices and mark the correct answer.

9. What is your gender?

₁ Male

₂ Female

10. What is the highest grade or year of school you completed?

₁ Never attended school or only attended kindergarten

₂ Grades 1 through 8 (Elementary)

₃ Grades 9 through 11 (Some high school)

₄ Grade 12 or GED (High school graduate)

₅ College 1 year to 3 years (Some college or technical school)

₆ College 4 years or more (College graduate)

11. When were you born?

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Month

Day

Year

12. How much do you weigh with shoes?

pounds

13. How tall you are without shoes?

feet inches

14. What is your marital status? Are you (check all that apply):

- ₁ Married
- ₂ Divorced
- ₃ Widowed
- ₄ Separated
- ₅ Never Married
- ₆ A member of an unmarried couple

15. Are you Spanish/Hispanic/Latino? Mark the "No" box if **not** Spanish/Hispanic/Latino:

- ₁ **No**, not Spanish/Hispanic/Latino
- ₂ Yes, Mexican, Mexican American, Chicano
- ₃ Yes, Puerto Rican
- ₄ Yes, Cuban
- ₅ Yes, other Spanish/ Hispanic/ Latino
(please specify)

16. What is your race? Mark one or more races to indicate what you consider yourself to be:

- ₁ White
- ₂ Black or African American
- ₃ American Indian or Alaska Native
- ₄ Asian Indian
- ₅ Chinese
- ₆ Japanese
- ₇ Korean
- ₈ Vietnamese
- ₉ Other Asian
(print group)
- ₁₀ Native Hawaiian
- ₁₁ Filipino
- ₁₂ Other Pacific Islander
(Guamanian, Chamorro,
Samoan, etc.)
(please specify)
- ₁₃ **Some Other Race**
(please specify)

17. Which of the following best describes your current employment status?

- ₁ Employed for wages
- ₂ Self-employed
- ₃ Out of work for more than 1 year
- ₄ Out of work for less than 1 year
- ₅ A homemaker
- ₆ Unable to work
- ₇ Retired

18. What is your annual household income for all sources?

- ₁ \$0-\$9,999
- ₂ \$10,000-\$14,999
- ₃ \$15,000-\$19,999
- ₄ \$20,000-\$24,999
- ₅ \$25,000-\$34,999
- ₆ \$35,000-\$49,999
- ₇ \$50,000-\$74,999
- ₈ \$75,000+

Physical Activities are activities where you move and increase your heart rate above its resting rate, whether you do them for pleasure, work, or transportation.

The following questions ask about the amount and intensity of physical activity you usually do. The intensity of the activity is related to the amount of energy you use doing these activities.

Examples of physical activity intensity levels:

Light activities

- your heart beats slightly faster than normal
- you can talk and sing



Light exercise



Light vacuuming



Light yard work (without much bending or stooping)

Moderate activities

- your heart beats faster than normal
- you can talk but not sing



Brisk walking



Moderate gardening



Fast dancing



Medium pace

Vigorous activities

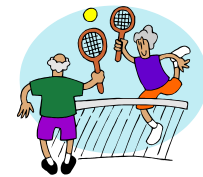
- your heart rate increases a lot
- you can't talk or your talking is broken up by large breaths



Aerobics classes



Jogging, Running, or Power Walking



Singles tennis, Racquetball, Pickle ball

How physically active are you? (Answer "Yes" or "No" to Each Item.)

19. I rarely or never do any physical activities. ₁ Yes
₂ No

20. I do some **light** or **moderate** physical activities, but not every week. ₁ Yes
₂ No

21. I do some **light** physical activity every week. ₁ Yes
₂ No

22. I do **moderate** physical activities every week but less than 5 days per week or less than 30 minutes on those days. ₁ Yes
₂ No

23. I do **vigorous** physical activities every week, but less than 3 days per week or less than 20 minutes on those days.

- ₁ Yes
₂ No

24. I do 30 minutes or more per day of **moderate** physical activities 5 or more days per week.

- ₁ Yes
₂ No

25. I do 20 minutes or more per day of **vigorous** physical activities 3 or more days per week.

- ₁ Yes
₂ No

26. I do activities to increase muscle **strength**, such as lifting weights or calisthenics, once a week or more.

- ₁ Yes
₂ No

27. I do activities to improve **flexibility**, such as stretching or yoga, once a week or more.

- ₁ Yes
₂ No

The following questions ask about how often you use the Internet to find information about your health conditions. Please select the best answer choice for each question.

28. During the last 30 days, how often did you use the Internet to find out more about diabetes or heart problems?

- ₁ Not at all
- ₂ Rarely
- ₃ Sometimes
- ₄ Often

29. During the last 30 days, how often did you use the internet to communicate with doctors or other health professionals (including email)?

- ₁ Not at all
- ₂ Rarely
- ₃ Sometimes
- ₄ Often

30. During the last 30 days, how often did you use the internet to communicate with other people who have the same condition?

- ₁ Not at all
- ₂ Rarely
- ₃ Sometimes
- ₄ Often

31. During the last 30 days, how often did you use the internet to find general health information?

- ₁ Not at all
- ₂ Rarely
- ₃ Sometimes
- ₄ Often

32. During the last 30 days, how often did you use the internet to find information on prescription drugs?

- ₁ Not at all
- ₂ Rarely
- ₃ Sometimes
- ₄ Often

33. During the last 30 days, how often did you use the internet to find information on health-related products such as herbal remedies and vitamins?

- ₁ Not at all
- ₂ Rarely
- ₃ Sometimes
- ₄ Often