

# Lifestyle

QLCOMP  
QL1SCOMP  
QLISCOMP

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- ① Compared to other people your own age, how would you rate your overall health?  
 Excellent for my age    Good for my age    Fair for my age    Poor for my age    Very poor for my age

QLHEALTH

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?

- |   |                                       |                                    |                           |
|---|---------------------------------------|------------------------------------|---------------------------|
|   | Yes, limited<br>a lot                 | Yes, limited<br>a little           | No, not limited<br>at all |
| ② Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf? | <input type="radio"/> <b>QLMODLIM</b> | <input checked="" type="radio"/> 2 | <input type="radio"/> 3   |
| ③ Climbing several flights of stairs?   | <input type="radio"/> <b>QLSEVLIM</b> | <input checked="" type="radio"/> 2 | <input type="radio"/> 3   |

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities because of your physical health?

- ④ Accomplished less than you would like    Yes    No   **QLACCOM**  
 ⑤ Were limited in the kind of work or other activities    Yes    No   **QLKIND**

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities because of any emotional problems (such as feeling depressed or anxious)?

- ⑥ Accomplished less than you would like    Yes    No   **QLACCLV**  
 ⑦ Didn't do work or other activities as carefully as usual    Yes    No   **QLCARE**

⑧ During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- Not at all    A little bit    Moderately    Quite a bit    Extremely   **QLPAIN**

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks . . .

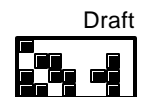
- |                                       |  |                                    |                           |                         |                         |                         |
|---------------------------------------|--|------------------------------------|---------------------------|-------------------------|-------------------------|-------------------------|
|                                       | All of the<br>time                               | Most of<br>the time                | A good bit<br>of the time | Some of<br>the time     | A little of<br>the time | None of<br>the time     |
| ⑨ Have you felt calm and peaceful?    | <input checked="" type="radio"/> <b>QLCALM</b>   | <input type="radio"/> 4            | <input type="radio"/> 3   | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> 0 |
| ⑩ Did you have a lot of energy?       | <input checked="" type="radio"/> <b>QLENERGY</b> | <input type="radio"/> 4            | <input type="radio"/> 3   | <input type="radio"/> 2 | <input type="radio"/> 1 | <input type="radio"/> 0 |
| ⑪ Have you felt downhearted and blue? | <input type="radio"/> <b>QLBLUE</b>              | <input checked="" type="radio"/> 5 | <input type="radio"/> 4   | <input type="radio"/> 3 | <input type="radio"/> 2 | <input type="radio"/> 1 |

⑫ During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

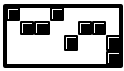
- All of the time    Most of the time    Some of the time    A little of the time    None of the time

QLSOCIAL

QLPCS12  
QLMCS12



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# Physical Activity

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The next few questions ask about your physical activity during the last 7 days. If the last 7 days have not been typical because of illness or bad weather, please estimate based on two or three weeks ago.

1 Over the past 7 days, how often did you participate in sitting activities such as reading, watching TV or doing handcrafts?

- Never  
  Seldom (1-2 days)  
  Sometimes (3-4 days)  
  Often (5-7 days)  
 **PASIT**



Go to Question 2

What were these activities? \_\_\_\_\_

\_\_\_\_\_ **PASITT**

On average, how many hours per day did you engage in these sitting activities?

- Less than 1 hour  
  Between 1 and 2 hours  
  2-4 hours  
  More than 4 hours

2 Over the past 7 days, how often did you take a walk outside your home or yard for any reason? For example, for fun or exercise, walking to work, walking the dog, etc.?

- Never  
  Seldom (1-2 days)  
  Sometimes (3-4 days)  
  Often (5-7 days)  
 **PAWALK**  
**PAWALKW**



Go to Question 3

What were these activities? \_\_\_\_\_

\_\_\_\_\_ **PAWALKT**

On average, how many hours per day did you spend walking?

- Less than 1 hour  
  Between 1 and 2 hours  
  2-4 hours  
  More than 4 hours

3 Over the past 7 days, how often did you engage in light sport or recreational activities such as bowling, golf with a cart, shuffleboard, fishing from a boat or pier, or other similar activities?

- Never  
  Seldom (1-2 days)  
  Sometimes (3-4 days)  
  Often (5-7 days)  
 **PALTE**  
**PALTEW**



Go to Question 4

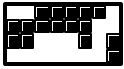
What were these activities? \_\_\_\_\_

\_\_\_\_\_ **PALTE**  
**PALTEW**  
On average, how many hours per day did you engage in these light sport or recreational activities?

- Less than 1 hour  
  Between 1 and 2 hours  
  2-4 hours  
  More than 4 hours

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# Physical Activity

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4 Over the past 7 days, how often did you engage in moderate sport and recreational activities such as doubles tennis, ballroom dancing, hunting, ice skating, golf without a cart, softball or other similar activities?

- Never  
  Seldom (1-2 days)  
  Sometimes (3-4 days)  
  Often (5-7 days)

PAMOD

PAMODW



Go to Question 5

What were these activities? \_\_\_\_\_

On average, how many hours per day did you engage in these moderate sport or recreational activities?

PAMODT

- Less than 1 hour  
  Between 1 and 2 hours  
  2-4 hours  
  More than 4 hours

5 Over the past 7 days, how often did you engage in strenuous sport and recreational activities such as jogging, swimming, cycling, singles tennis, aerobic exercise, skiing (downhill or cross country) or other similar activities?

- Never  
  Seldom (1-2 days)  
  Sometimes (3-4 days)  
  Often (5-7 days)

PASTR

PASTRW



Go to Question 6

What were these activities? \_\_\_\_\_

On average, how many hours per day did you engage in these strenuous sport or recreational activities?

PASTRT

- Less than 1 hour  
  Between 1 and 2 hours  
  2-4 hours  
  More than 4 hours

6 Over the past 7 days, how often did you do any exercise specifically to increase muscle strength and endurance, such as lifting weights or pushups, etc.?

- Never  
  Seldom (1-2 days)  
  Sometimes (3-4 days)  
  Often (5-7 days)

PAWGT

PAWGTTW



Go to Question 7

What were these activities? \_\_\_\_\_

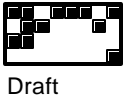
On average, how many hours per day did you engage in exercises to increase muscle strength and endurance?

PAWGTT

- Less than 1 hour  
  Between 1 and 2 hours  
  2-4 hours  
  More than 4 hours

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# Physical Activity

|                               |  |  |  |  |  |                       |  |  |  |
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- 7 During the past 7 days, have you done any light housework, such as dusting or washing dishes?  
 Yes  No *PALHW* *PALHWW*
- 8 During the past 7 days, have you done any heavy housework or chores, such as vacuuming, scrubbing floors, washing windows or carrying wood?  
 Yes  No *PAHHW* *PAHHWW*
- 9 During the past 7 days, did you engage in any of the following activities? (Please answer yes or no for each item.)
- |  |  |                 |   |
|--|--|-----------------|---|
| Home repairs, like painting, wallpapering, electrical work, etc.?                | <input type="radio"/> Yes <input type="radio"/> No | <i>PAHOME</i>   | <span style="border: 1px solid black; padding: 2px;"><i>PAHOMEW</i></span>  |
| Lawn work or yard care, including snow or leaf removal, wood chopping, etc.?     | <input type="radio"/> Yes <input type="radio"/> No | <i>PALAWN</i>   | <span style="border: 1px solid black; padding: 2px;"><i>PALAWNW</i></span>  |
| Outdoor gardening?   | <input type="radio"/> Yes <input type="radio"/> No | <i>PAGARDEN</i> | <span style="border: 1px solid black; padding: 2px;"><i>PAGARDNW</i></span> |
| Caring for another person, such as children, dependent spouse, or another adult? | <input type="radio"/> Yes <input type="radio"/> No | <i>PACARE</i>   | <span style="border: 1px solid black; padding: 2px;"><i>PACAREW</i></span>  |
- 10 During the past 7 days did you work either for pay or as a volunteer?  
 Yes  No *PAWK* *PAWKW*



a. How many hours in the past week did you work for pay and/or as a volunteer?   hours *PAWKHR*

b. Which of the following categories best describes the amount of physical activity required on your job and/or volunteer work? *PAWKPA*

1○ Mainly sitting with slight arm movements  
**Examples:** office worker, watchmaker, seated assembly line worker, bus driver, etc.

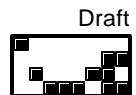
2○ Sitting or standing with some walking  
**Examples:** cashier, general office worker, light tool and machinery worker

3○ Walking, with some handling of materials generally weighing less than 50 pounds  
**Examples:** mailman, waiter/waitress, construction worker, heavy tool and machinery worker

4○ Walking and heavy manual work often requiring handling material weighing more than 50 pounds  
**Examples:** lumberjack, stone mason, farm or general laborer.

*PASCORE*

*PASEOCC*



*PASELEIS*

*PASEHOUS*





# Caffeine, Tobacco & Alcohol

|                               |   |
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| <input type="text"/>          | <input type="text"/>                      |

① Do you currently drink regular coffee? (Not decaffeinated)  Yes  No

**CFCAFF**

*CFCCOF*



*CFCCUP*

How many cups of REGULAR coffee do you drink per day?   cups

② Do you currently drink regular tea? (Not herbal or decaffeinated)  Yes  No

*CFCTEA*



*CFTCUP*

How many cups of REGULAR tea do you drink per day?   cups

③ Do you currently drink sodas that contain caffeine, such as Pepsi, Coca-Cola, Dr. Pepper, and Mountain Dew? (Do NOT include Sprite or 7-up or other sodas without caffeine)  Yes  No

*CFCCOK*



*CFCCAN*

How many cans of CAFFEINATED soda do you drink per day?   cans

④ Do you smoke cigarettes now?  Yes  No *TUSMKNOW*

**TURSMOKE**



*TUSMKCGN*

About how many cigarettes do you smoke per day?    cigarettes

⑤ Do you currently smoke a pipe or cigars regularly? *TUPIPEC*  Yes  No



*TUCPIAMT*

About how much do you smoke per week?   pipes or cigars per week

⑥ In the past 12 months, have you had at least 12 drinks of any kind of alcoholic beverage?  Yes  No  I don't know

*TU12DRIN*



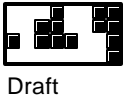
On average, how many alcoholic drinks do you consume per week?

*TUDRAMT*

- 1 Less than one drink per week
- 2 1-2 drinks per week
- 3 3-5 drinks per week
- 4 6-13 drinks per week
- 5 14 or more drinks per week

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# Moods in the Last Week

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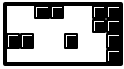
Choose the best answer for how you felt over the LAST WEEK.

|   |  |               |                           |                          |
|---|--|---------------|---------------------------|--------------------------|
| ① | Are you basically satisfied with your life?                                | <i>DPSAT</i>  | <input type="radio"/> Yes | <input type="radio"/> No |
| ② | Have you dropped many of your activities and interests?                    | <i>DPDROP</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ③ | Do you feel that your life is empty?                                       | <i>DPEMPT</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ④ | Do you often get bored?  | <i>DPBORE</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑤ | Are you in good spirits most of the time?                                  | <i>DPGOOD</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑥ | Are you afraid something bad is going to happen to you?                    | <i>DPSBAD</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑦ | Do you feel happy most of the time?  | <i>DPHAPY</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑧ | Do you often feel helpless?  | <i>DPHPLS</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑨ | Do you prefer to stay at home, rather than going out and doing new things? | <i>DPHOME</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑩ | Do you feel you have more problems with memory than most?                  | <i>DPMEM</i>  | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑪ | Do you think it is wonderful to be alive now?                              | <i>DPWOND</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑫ | Do you feel pretty worthless the way you are now?                          | <i>DPWRTH</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑬ | Do you feel full of energy?  | <i>DPENER</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑭ | Do you feel that your situation is hopeless?                               | <i>DPSIT</i>  | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑮ | Do you think that most people are better off than you are?                 | <i>DPMOST</i> | <input type="radio"/> Yes | <input type="radio"/> No |

*DPGDSSC*  
*DPGDS15*  
*DPGDSYN*

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# Feelings

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Choose the best answer for how you have been feeling over the LAST MONTH.

|   |  |                 |                           |                          |
|---|--|-----------------|---------------------------|--------------------------|
| ① | Have you felt keyed up or on edge?   | <i>AXKEYED</i>  | <input type="radio"/> Yes | <input type="radio"/> No |
| ② | Have you been worrying a lot?  | <i>AXWORRY</i>  | <input type="radio"/> Yes | <input type="radio"/> No |
| ③ | Have you been irritable?   | <i>AXIRTBL</i>  | <input type="radio"/> Yes | <input type="radio"/> No |
| ④ | Have you had difficulty relaxing?  | <i>AXRELAX</i>  | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑤ | Have you been sleeping poorly?   | <i>AXPOORSP</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑥ | Have you had headaches or neckaches?   | <i>AXNKACHE</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑦ | Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhea or needing to pass water more often than usual? | <i>AXTREMB</i>  | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑧ | Have you been worried about your health?   | <i>AXWORHTL</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑨ | Have you had difficulty falling asleep?  | <i>AXDIFSLP</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑩ | Have you been lacking energy?  | <i>AXENRGY</i>  | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑪ | Have you lost interest in things?  | <i>AXLOST</i>   | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑫ | Have you lost confidence in yourself?  | <i>AXCONFID</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑬ | Have you felt hopeless?  | <i>AXHOPELS</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑭ | Have you had difficulty concentrating?   | <i>AXCONCNT</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑮ | Have you lost weight (due to poor appetite)?   | <i>AXLOSTWT</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑯ | Have you been waking early?  | <i>AXEARLY</i>  | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑰ | Have you felt slowed up?   | <i>AXSLOWED</i> | <input type="radio"/> Yes | <input type="radio"/> No |
| ⑱ | Have you tended to feel worse in the morning?  | <i>AXWORSE</i>  | <input type="radio"/> Yes | <input type="radio"/> No |

AXANXSC  
 AXANX50  
 AXDEPSC  
 AXDEP50



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