

To be used with STATA utility algorithm version 12 and SPSS utility algorithm version 15 and Excel Unweighted scoring version 2.

(* Include response 'once or twice a week' in question 6.)

Tick the box that best describes your situation as it has been over the past week

Q1 How much energy do you have to do the things you want to do?

I am

- always full of energy
- usually full of energy
- occasionally energetic
- usually tired and lacking energy
- always tired and lacking energy.

Q2 How often do you feel socially excluded or left out?

- never
- rarely
- sometimes
- often
- always

Q3 How easy or difficult is it for you to get around by yourself outside your place of residence (eg. to go shopping, visiting)?

- getting around is enjoyable and easy
- I have no difficulty getting around outside my place of residence
- a little difficulty
- moderate difficulty
- a lot of difficulty
- I cannot get around unless somebody is there to help me.

Q4 Does your health affect your role in your community (eg. residential, sporting, church or cultural activities)?

- my role in the community is unaffected by my health
- there are some parts of my community role I cannot carry out
- there are many parts of my community role I cannot carry out
- I cannot carry out any part of my community role

Q5 How often do you feel sad?

- never
- rarely
- some of the time
- usually
- nearly all the time.

Q6 How often do you experience serious pain?

I experience it

- very rarely
- less than once a week
- once or twice a week*
- three to four times a week
- most of the time.

Tick the box that best describes your situation as it has been over the past week

Q7 How much confidence do you have in yourself?

- Complete confidence
- A lot
- A moderate amount
- A little
- None at all

Q8 Do you normally feel calm and tranquil or agitated?

I am

- always calm and tranquil
- usually calm and tranquil
- sometimes calm and tranquil, sometimes agitated
- usually agitated
- always agitated

Q9 Does your health affect your relationship with your family?

- my role in the family is unaffected by my health
- there are some parts of my family role I cannot carry out
- there are many parts of my family role I cannot carry out
- I cannot carry out any part of my family role.

Q10 How satisfying are your close relationships (family and friends)?

- very satisfying
- satisfying
- neither satisfying nor dissatisfying
- dissatisfying
- unpleasant
- very unpleasant

Q11 How well do you communicate with others (talking, signing, texting, being understood by others and understanding them)?

- I have no trouble being understood
- I have some difficulty being understood by people who do not know me.
- I am understood only by people who know me.
- I cannot adequately communicate with others.

Q12 How often do you have trouble sleeping?

- never
- almost never
- sometimes
- often
- all the time

Q13 How often do you feel worthless?

- never
- almost never
- sometimes
- usually
- always

Tick the box that best describes your situation as it has been over the past week

Q14 How often do you feel angry?

- never
- almost never
- sometimes
- often
- all the time

Q15 How easy or difficult is it for you to move around (using any aids or equipment you need eg a wheelchair, frame or stick)?

- I am very mobile
- I have no difficulty with mobility
- I have some difficulty with mobility (for example, going uphill)
- I have difficulty with mobility. I can go short distances only,
- I have a lot of difficulty with mobility. I need someone to help me
- I am bedridden.

Q16 Do you ever feel like hurting yourself?

- never
- rarely
- sometimes
- often
- all the time

Q17 How enthusiastic do you feel?

- extremely
- very
- somewhat
- not much
- not at all

Q18 How often did you feel worried in the last seven days?

- never
- occasionally
- sometimes
- often
- all the time.

Q19 How difficult is it for you to wash, toilet, dress yourself, eat or care for your appearance?

- these things are very easy for me to do
- I have no real difficulty in doing these things
- I find some of these things difficult, but I manage to do them on my own
- many of these things are difficult, and I need help to do them
- I cannot do these things by myself at all.

Tick the box that best describes your situation as it has been over the past week

Q20 How often do you feel happy?

- all the time
- mostly
- sometimes
- almost never
- never

Q21 How much do you feel you can cope with life's problems?

- completely
- mostly
- partly
- very little
- not at all.

Q22 How much pain or discomfort do you experience:

- none at all
- I have moderate pain
- I suffer from severe pain
- I suffer unbearable pain.

Q23 How much do you enjoy your close relationships (family and friends)?

- immensely
- a lot
- a little
- not much
- I hate it

Q24 How often does pain interfere with your usual activities?

- never
- rarely
- sometimes
- often
- always

Q25 How often do you feel pleasure?

- always
- usually
- sometimes
- almost never
- never

Q26 How much of a burden do you feel you are to other people?

- Not at all
- A little
- A moderate amount
- A lot
- totally

Tick the box that best describes your situation as it has been over the past week

Q27 How content are you with your life?

- extremely
- mainly
- moderately
- slightly
- not at all

Q28 How well can you see (using your glasses or contact lenses if they are needed)?

- I have excellent sight
- I see normally
- I have some difficulty seeing things sharply. (e.g. small print, objects in the distance, or watching television)
- I have a lot of difficulty seeing sharply.
- I only see general shapes.
- I am completely blind.

Q29 How often do you feel in control of your life?

- always
- mostly
- sometimes
- only occasionally
- never.

Q30 How much help do you need with jobs around your place of residence (eg preparing food, cleaning, gardening)?

- I can do all these tasks very easily without any help
- I can do these tasks relatively easily without help
- I can do these tasks only very slowly without help
- I cannot do most of these tasks unless I have help
- I can do none of these tasks by myself.

Q31 How often do you feel socially isolated?

- never
- rarely
- sometimes
- often
- always

Q32 How well can you hear (using your hearing aid if needed)?

- I have excellent hearing
- I hear normally
- I have some difficulty hearing or I do not hear clearly (eg when there is background noise)
- I have difficulty hearing things clearly. Often I do not understand what is said. I usually do not take part in conversations because I cannot hear what is said.
- I hear very little
- I am completely deaf.

Tick the box that best describes your situation as it has been over the past week

Q33 How often do you feel depressed?

- never
- almost never
- sometimes
- often
- very often
- all the time

Q34 How happy are you with your close and intimate relationships?

- very happy
- generally happy
- neither happy nor unhappy
- generally unhappy
- very unhappy

Q35 How often did you feel in despair in the last seven days?

- never
- occasionally
- sometimes
- often
- all the time.