Composite Australian Public Questionnaire version 9 MIC qnr 1 December 2011

Instruments included in questionnaire		Items
Subjective wellbeing	**Personal Wellbeing Index**	**9**
	Integrated Household Survey	**4**
	SWLS	**5**
	subtotal	**18**
QoL MA Instruments	**EQ-5D**	**5**
	AQoL-8D and AQoL-4D	**44**
	SF-36	**36**
	HUI3	**8**
	15D	**15**
	QWB-SA	**77**
	subtotal	**185**
Capabilities	**ICECAP-A**	**5**
	Demographics	**23**
	Total Core Items	**231**

PWI. The following questions ask how satisfied you feel on a scale from zero to 10. Zero means you feel completely dissatisfied. 10 means you feel completely satisfied. And the middle of the scale is 5, which means you feel neutral, neither saitisfied nor dissatisfied.

(Please select the answer for each item that is correct for you)	Completely dissatisfied 0	1	2	3	4	Neutral 5	6	7	8	9	Completely satisfied 10
i)Thinking about your own life and personal circumstances, how satisfied are you **with your life as a whole**?											
ii) How satisfied are you with your **standard of living**?											
iii) How satisfied are you **with your health**?											
iv) How satisfied are you **with what you are achieving in life** ?											
v) How satisfied are you **with your personal relationships** ?											
vi) How satisfied are you **with how safe you feel**?											
vii) How satisfied are you **with feeling part of your community**?											
viii) How satisfied are you **with your future security** ?											
ix) How satisfied are you **with your spirituality or religion**?											

Integrated Household Survey (IHS)

	Not at all satisfied					Neutral					Completely satisfied
	0	1	2	3	4	5	6	7	8	9	10
i) Overall, how satisfied are you **with your life nowadays**											

	Not at all worthwhile					Neutral					Completely worthwhile
j) Overall, to what extent do you feel that the things you do in your life are worthwhile?											

	Not at all happy					Neutral					Completely happy
k) Overall, how happy did you feel yesterday?											

	Not at all anxious					Neutral					Completely anxious
l) Overall, how anxious did you feel yesterday?											

SWLS

	Strongly disagree	Disagree	Slightly Disagree	Neither agree nor disagree	Slightly Agree	Agree	Strongly agree
a) In most ways my life is close to my ideal							
b) The conditions of my life are excellent							
c) I am satisfied with my life							
d) So far I have gotten the important things I want in life							
e) If I could live my life over, I would change almost nothing							

EQ-5D. **Select the answer under each heading below, that best describes your own health state *today***

a. Mobility

c I have no problem in walking about
c I have slight problems in walking about
c I have moderate problems in walking about
c I have severe problems in walking about
c I am unable to walk about

b. Self - care

c I have no problems washing or dressing myself
c I have slight problems washing or dressing myself
c I have moderate problems washing or dressing myself
c I have severe problems washing or dressing myself
c I am unable to wash or dress myself.

c. Usual Activities *(e.g.work, study, housework, family or leisure activities)*

- c I have no problems doing my usual activities.
- c I have slight problems doing my usual activities.
- c I have moderate problems doing my usual activities.
- c I have severe problems doing my usual activities.
- c I am unable to do my usual activities.

d. Pain/Discomfort

- c I have no pain or discomfort.
- c I have slight pain or discomfort.
- c I have moderate pain or discomfort.
- c I have severe pain or discomfort.
- c I have extreme pain or discomfort.

e. Anxiety/Depression

- c I am not anxious or depressed.
- c I am slightly anxious or depressed.
- c I am moderately anxious or depressed.
- c I am severely anxious or depressed.
- c I am extremely anxious or depressed.

AQoL **Select the answer that best describes your situation *during the last week***

1. Do I need any help looking after myself?

- c I need no help at all
- c Occasionally I need some help with personal care tasks
- c I need help with the more difficult personal care tasks
- c I need daily help with most or all personal care tasks.

2. When doing household tasks: ***(For example: preparing food, gardening, using the video recorder, radio, telephone or washing the car.)***

- c I need no help at all
- c Occasionally I need some help with household tasks
- c I need help with the more difficult household tasks
- c I need daily help with most or all household tasks.

3. Thinking about how easily I can get around my home and community:

- c I get around my home and community by myself without any difficulty
- c I find it difficult to get around my home and community by myself
- c I cannot get around the community by myself, but I can get around my home with some difficulty
- c I cannot get around either the community or my home by myself.

4. Because of my health, my relationships ***(for example: with my friends, partner or parents) generally:***

- c are very close and warm
- c are sometimes close and warm
- c are seldom close and warm
- c I have no close and warm relationships

5. Thinking about my relationship with other people:

- c I have plenty of friends, and am never lonely
- c Although I have friends, I am occasionally lonely
- c I have some friends, but am often lonely for company
- c I am socially isolated and feel lonely.

7. Thinking about my vision, including when using my glasses or contact lenses if needed:

c I see normally

c I have some difficulty focusing on things, or I do not see them sharply. For example: small print, a newspaper or seeing objects in the distance.

c I have a lot of difficulty seeing things. My vision is blurred. For example: I can see just enough to get by with.

c I only see general shapes, or am blind. *For example: I need a guide to move around.*

8. Thinking about my hearing, including using my hearing aid if needed:

c I hear normally

c I have some difficulty hearing or I do not hear clearly. For example: I ask people to speak up, or turn up the TV or radio volume.

c I have difficulty hearing things clearly. *For example: Often I do not*

c I hear very little indeed. *For example: I cannot fully understand loud voices speaking directly to me.*

10.Thinking about how I sleep:

c I am able to sleep without difficulty most of the time

c My sleep is interrupted some of the time, but I am usually able to

c My sleep is interrupted most nights, but I am usually able to go back to sleep without difficulty

c I sleep in short bursts only. I am awake most of the night.

11.Thinking about how I generally feel:

c I do not feel anxious, worried or depressed

c I am slightly anxious, worried or depressed

c I feel moderately anxious, worried or depressed

c I am extremely anxious, worried or depressed.

Select the answer that best describes your situation during the last week

29. Thinking about how much energy you have to do the things you want to do, you are:

c Always full of energy

c Usually full of energy

c Occasionally full of energy

c Usually tired and lacking energy

c Always tired and lacking energy

30. How often do you feel socially excluded or left out?

c Never

c Rarely

c Sometimes

c Often

c Always

31. Thinking about how easy or difficult it is for you to get around by yourself outside your house (eg shopping, visiting):

c Getting around is enjoyable and easy

c I have no difficulty getting around outside my house

c A little difficulty

c Moderate difficulty

c A lot of difficulty

c I cannot get around unless somebody is there to help me

32. Thinking about your health and your role in your community (that is to say neighbourhood, sporting, work, church or cultural groups):

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

33. How often do you feel sad?

- c Never
- c Rarely
- c Some of the time
- c Usually
- c Nearly all the time

34. Thinking about how often you experience serious pain, you experience it:

- c Very rarely
- c Less than once a week
- c Three to four times a week
- c Most of the time

35. How much confidence do you have in yourself?

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

36. When you think about whether you are calm and tranquil or agitated, are you:

- c Always calm and tranquil
- c Usually calm and tranquil
- c Sometimes calm and tranquil, sometimes agitated
- c Usually agitated
- c Always agitated

37. Thinking about your health and your relationship with your family:

- c My role in my family is unaffected by my health
- c There are some parts of my family role I cannot carry out
- c There are many parts of my family role I cannot carry out
- c I cannot carry out any part of my family role

38. Your close relationships (family and friends) are:

- c Very satisfying
- c Satisfying
- c Neither satisfying nor dissatisfying
- c Dissatisfying
- c Unpleasant
- c Very unpleasant

39. When you communicate with others, e.g. by talking, listening, writing or signing:

- c I have no trouble speaking to them or understanding what they are saying
- c I have some difficulty being understood by people who do not know me. I have no trouble understanding what others are saying to me
- c I am understood only by people who know me well. I have great trouble understanding what others are saying to me
- c I cannot adequately communicate with others

Select the answer that best describes your situation during the last week

40. How often do you have trouble sleeping?

- c Never
- c Almost never
- c Sometimes
- c Often
- c All the time

41. How often do you feel worthless?

- c Never
- c Almost never
- c Sometimes
- c Usually
- c Always

42. How often do you feel angry?

- c Never
- c Almost never
- c Sometimes
- c Often
- c All the time

43. Thinking about your mobility, including using any aids or equipment such as wheelchairs, frames, sticks:

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

44. Do you ever feel like hurting yourself?

- c Never
- c Rarely
- c Sometimes
- c Often
- c All the time

45. How enthusiastic do you feel?

- c Extremely
- c Very
- c Somewhat
- c Not much
- c Not at all

46. And still thinking about the last seven days: how often did you feel worried:

- c Never
- c Occasionally
- c Sometimes
- c Often
- c All the time

47. Thinking about washing yourself, toileting, dressing, eating or looking after your appearance:

- c These tasks are very easy for me
- c I have no real difficulty in carrying out these tasks
- c I find some of these tasks difficult, but I manage to do them on my own
- c Many of these tasks are difficult, and I need help to do them
- c I cannot do these tasks by myself at all

Select the answer that best describes your situation during the last week

48. How often do you feel happy?

c All the time
c Mostly
c Sometimes
c Almost never
c Never

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

c Completely
c Mostly
c Partly
c Very little
c Not at all

50. How much pain or discomfort do you experience?

c None at all
c I have moderate pain
c I suffer from severe pain
c I suffer unbearable pain

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

c Immensely
c A lot
c A little
c Not much
c I hate it

52. How often does pain interfere with your usual activities?

c Never
c Almost never
c Sometimes
c Often
c Always

53. How often do you feel pleasure?

c Always
c Usually
c Sometimes
c Almost never
c Never

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

c Not at all
c A little
c A moderate amount
c A lot
c Totally

55. How content are you with your life?

c Extremely
c Mainly
c Moderately
c Slightly
c Not at all

Select the answer that best describes your situation during the last week

56. Thinking about your vision (using your glasses or contact lenses if needed):

c I have excellent sight
c I see normally
c I have some difficulty focusing on things, or I do not see them sharply (e.g. small print, a newspaper or seeing objects in the distance)

c I have a lot of difficulty seeing things.My vision is blurred.I can see just enough to get by with.

c I only see general shapes. I need a guide to move around
c I am completely blind

57. How often do you feel in control of your life?
c Always
c Mostly
c Sometimes
c Only occasionally
c Never

58. How much help do you need with tasks around the house (eg preparing food, cleaning the house or gardening):
c I can do all these tasks very quickly and efficiently without any help
c I can do these tasks relatively easily without help
c I can do all these tasks only very slowly without help
c I cannot do most of these tasks unless I have help
c I can do none of these tasks by myself

59. How often do you feel socially isolated?
c Never
c Rarely
c Sometimes
c Often
c Always

60. Thinking about your hearing (using your hearing aid if needed):

c I have excellent hearing
c I hear normally
c I have some difficulty hearing or I do not hear clearly. I have trouble hearing softly-spoken people or when there is background noise
c 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

c I hear very little indeed. I cannot fully understand loud voices speaking directly to me

c I am completely deaf

61. How often do you feel depressed?
c Never
c Almost never
c Sometimes
c Often
c Very often
c All the time

62. Your close and intimate relationships (including any sexual relationships) make you feel:
c Very happy
c Generally happy
c Neither happy nor unhappy
c Generally unhappy
c Very unhappy

Select the answer that best describes your situation during the last week

63. How often did you feel in despair over the last seven days?

- c Never
- c Occasionally
- c Sometimes
- c Often
- c All the time

SF36 Select one answer for each question

	Excellent	Very good	Good	fair	Poor
In general, would you say your health is					

	Much better	Somewhat better	The same	Somewhat Worse	Much Worse
Compared to one year ago, how would you rate your health in general now?					

The following questions are about activities you might do during a typical day. Does your health now limit you in these following activities, if so how much?	Yes limited a lot	Yes limited a little	No, not limited at all
Vigorous activities, such as running, lifting heavy objects, participating in strenous sports.			
Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf.			
Lifting or carrying groceries			
Climbing several flights of stairs			
Climbing one flight of stairs			
Bending, kneeling or stooping			
Walking more than one kilometre			
walking half a kilometre			
Walking 100 metres			
Bathing or dressing yourself			

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* ?

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Cut down the amount of time you spent on work or other activities.					
a**ccomplished less** than you would like					
were limited in the kind of work or other activities had difficulty performing work or other activities (for example, it took extra effort)					

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 EMOTIONAL problems (such as feeling depressed or anxious)?*

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Cut down the amount of time you spent on work or other activities.					
a**ccomplished less** than you would like					
didn't do work or other activities as carefully as usual					

	Not at all	Slightly	Moderately	Quite a bit	Extremely
During the *past 4 weeks* , to what extent has your *physical health or emotional problems* interfered with your normal social activities with family, friends, neighbours or group?					

	None	Very mild	Mild	Moderate	Severe	Very severe
How much bodily pain have you had during the past 4 weeks?						

	Not at all	A little	Moderately	Quite a bit	Extremely
During the *past 4 weeks* , how much did pain interfere with your normal work (including both work outside the home and housework)?					

The following 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 time	Most of the time	Some of the time	A little of the time	None of the time
Did you feel full of life					
Have you been a very nervous person					
Have you felt so down in the dumps that nothing could cheer you up					
Have you felt calm and peaceful					
Did you have a lot of energy					
Have you felt down					

How much of the time during the past 4 weeks...	All of the time	Most of the time	Some of the time	A little of the time	None of the time
Did you feel worn out					
Have you been a happy person					
Did you feel tired					

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
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)?					

How true or false is each of the following statements for you?	Definitely true	Mostly true	Don't know	Mostly false	Definitely false
I seem to get sick a little easier than other people					
I am as healthy as anybody I know					
I expect my health to get worse					
My health is excellent					

HUI3 Please select the answer for each attribute that is correct for you

97. Vision

c Able to see well enough to read ordinary newsprint and recognize a friend on the other side of the street, without glasses or contact

c Able to see well enough to read ordinary newsprint and recognize a friend on the other side of the street, but with glasses.

c Able to read ordinary newsprint with or without glasses but unable to recognize a friend on the other side of the street, even with

c Able to recognize a friend on the other side of the street with or without glasses but unable to read ordinary newsprint, even with

c Unable to read ordinary newsprint and unable to recognize a friend on the other side of the street, even with glasses.

c Unable to see at all.

98. Hearing

c Able to hear what is said in a group conversation with at least three other people, without a hearing aid.

c Able to hear what is said in a conversation with one other person in a quiet room without a hearing aid, but requires a hearing aid to hear what is said in a group conversation with at least three other people.

c Able to hear what is said in a conversation with one other person in a quiet room with a hearing aid, and able to hear what is said in a group conversation with at least three other people, with a hearing aid.

c Able to hear what is said in a conversation with one other person in a quiet room, without a hearing aid, but unable to hear what is said in a group conversation with at least three other people even with a hearing aid.

c Able to hear what is said in a conversation with one other person in a quiet room with a hearing aid, but unable to hear what is said in a group conversation with at least three other people even with a hearing aid.

c Unable to hear at all.

99. Speech

c Able to be understood completely when speaking with strangers or people who know me well.

c Able to be understood partially when speaking with strangers but able to be understood completely when speaking with people who

c Able to be understood partially when speaking with strangers or people who know me well.

c Unable to be understood when speaking with strangers but able to be understood partially by people who know me well.

c Unable to be understood when speaking to other people (or unable to speak at all).

Please select the answer for each attribute that is correct for you

100. Ambulation

c Able to walk around the neighbourhood without difficulty, and without walking equipment.

c Able to walk around the neighbourhood with difficulty, but does not require walking equipment or the help of another

c Able to walk around the neighbourhood with walking equipment, but without the help of another person.

c Able to walk only short distances with walking equipment, and requires a wheelchair to get around the neighbourhood.

c Unable to walk alone, even with walking equipment. Able to walk short distances with the help of another person, and requires a wheelchair to get around the neighbourhood.

c Cannot walk at all.

101. Dexterity

c Full use of two hands and ten fingers.

c Limitations in the use of hands or fingers, but does not require special tools or help of another person.

c Limitations in the use of hands or fingers, is independent with use of special tools (does not require the help of another person).

c Limitations in the use of hands or fingers, requires the help of another person for some tasks (not independent even with the use of special tools).

c Limitations in the use of hands or fingers, requires the help of another person for most tasks (not independent even with the use of special tools).

c Limitations in the use of hands or finders, requires the help of another person for all tasks (not independent even with the use of special tools).

102. Emotion

c Happy and interested in life.

c Somewhat happy.

c Somewhat unhappy.

c Very unhappy.

c So unhappy that life is not worthwhile.

103. Cognition

c Able to remember most things, think clearly and solve day to day problems.

c Able to remember most things, but have a little difficulty when trying to think and solve day to day problems.

c Somewhat forgetful, but able to think clearly and solve day to day problems.

c Somewhat forgetful, and have a little difficulty when trying to think or solve day to day problems.

c Very forgetful, and have great difficulty when trying to think or solve day to day problems.

c Unable to remember anything at all, and unable to think or solve day to day problems.

104. Pain

- c Free of pain and discomfort.
- c Mild to moderate pain that prevents no activities.
- c Moderate pain that prevents a few activities.
- c Moderate to severe pain that prevents some activities.
- c Severe pain that prevents most activities.

15D

Select the answer which best describes your present health status.

1. MOBILITY

- c I am able to walk normally (without difficulty) indoors, outdoors and on stairs.
- c I am able to walk without difficulty indoors, but outdoors and/or on stairs I have slight difficulties.
- c I am able to walk without help indoors (with or without an appliance), but outdoors and/or on stairs only with considerable difficulty or with help from others.
- c I am able to walk indoors only with help from others.
- c I am completely bed-ridden and unable to move about.

2. VISION

- c I see normally, i.e. I can read newspapers and TV text without difficulty (with or without glasses).
- c I can read papers and/or TV text with slight difficulty (with or without glasses).
- c I can read papers and/or TV text with considerable difficulty (with or without glasses).
- c I cannot read papers or TV text either with glasses or without, but I can see enough to walk about without guidance.
- c I cannot see enough to walk about without a guide, i.e. I am almost or completely blind.

3. HEARING

- c I can hear normally, i.e. normal speech (with or without a hearing aid).
- c I hear normal speech with a little difficulty.
- c I hear normal speech with considerable difficulty; in conversation I need voices to be louder than normal.
- c I hear even loud voices poorly; I am almost deaf.
- c I am completely deaf.

4. BREATHING

- c I am able to breathe normally, i.e. with no shortness of breath or other breathing difficulty.
- c I have shortness of breath during heavy work or sports, or when walking briskly on flat ground or slightly uphill.
- c I have shortness of breath when walking on flat ground at the same speed as others my age.
- c I get shortness of breath even after light activity, e.g. washing or dressing myself.
- c I have breathing difficulties almost all the time, even when resting.

5. SLEEPING

- c I am able to sleep normally, i.e. I have no problems with sleeping
- c I have slight problems with sleeping, e.g. difficulty in falling asleep, or sometimes waking at night.
- c I have moderate problems with sleeping, e.g. disturbed sleep, or feeling I have not slept enough.
- c I have great problems with sleeping, e.g. having to use sleeping pills often or routinely, or usually waking at night and/or too early in the morning.
- c I suffer severe sleeplessness, e.g. sleep is almost impossible even with full use of sleeping pills, or staying awake most of the night.

6. EATING

- c I am able to eat normally, i.e. with no help from others.
- c I am able to eat by myself with minor difficulty (e.g. slowly, clumsily, shakily, or with special appliances).
- c I need some help from another person in eating.
- c I am unable to eat by myself at all, so I must be fed by another person.
- c I am unable to eat at all, so I am fed either by tube or intravenously

7. SPEECH

- c I am able to speak normally, i.e. clearly, audibly and fluently.
- c I have slight speech difficulties, e.g. occasional fumbling for words, mumbling, or changes of pitch.
- c I can make myself understood, but my speech is e.g. disjointed, faltering, stuttering or stammering.
- c Most people have great difficulty understanding my speech.
- c I can only make myself understood by gestures.

8. ELIMINATION

c My bladder and bowel work normally and without problems.

c I have slight problems with my bladder and/or bowel function, e.g. difficulties with urination, or loose or hard bowels.

c I have marked problems with my bladder and/or bowel function, e.g. occasional 'accidents', or severe constipation or diarrhoea.

c I have serious problems with my bladder and/or bowel function, e.g. routine 'accidents', or need of catheterization or enemas.

c I have no control over my bladder and/or bowel function.

9. USUAL ACTIVITIES

c I am able to perform my usual activities (e.g. employment, studying, housework, free-time activities) without difficulty.

c I am able to perform my usual activities slightly less effectively or with minor difficulty.

c I am able to perform my usual activities much less effectively, with considerable difficulty, or not completely.

c I can only manage a small proportion of my previously usual activities.

c I am unable to manage any of my previously usual activities.

10. MENTAL FUNCTION

c I am able to think clearly and logically, and my memory functions well

c I have slight difficulties in thinking clearly and logically, or my memory sometimes fails me.

c I have marked difficulties in thinking clearly and logically, or my memory is somewhat impaired.

c I have great difficulties in thinking clearly and logically, or my memory is seriously impaired.

c I am permanently confused and disoriented in place and time.

Select the answer which best describes <u>your present health status</u>.

11. DISCOMFORT AND SYMPTOMS

c I have no physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.

c I have mild physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc

c I have marked physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.

c I have severe physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc

c I have unbearable physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.

12. DEPRESSION

c I do not feel at all sad, melancholic or depressed.

c I feel slightly sad, melancholic or depressed.

c I feel moderately sad, melancholic or depressed.

c I feel very sad, melancholic or depressed.

c I feel extremely sad, melancholic or depressed.

13. DISTRESS

c I do not feel at all anxious, stressed or nervous.

c I feel slightly anxious, stressed or nervous.

c I feel moderately anxious, stressed or nervous.

c I feel very anxious, stressed or nervous.

c I feel extremely anxious, stressed or nervous.

14. VITALITY

c I feel healthy and energetic.

c I feel slightly weary, tired or feeble.

c I feel moderately weary, tired or feeble.

c I feel very weary, tired or feeble, almost exhausted.

c I feel extremely weary, tired or feeble, totally exhausted.

15. SEXUAL ACTIVITY

c My state of health has no adverse effect on my sexual activity.

c My state of health has a slight effect on my sexual activity.

c My state of health has a considerable effect on my sexual activity.

c My state of health makes sexual activity almost impossible.

c My state of health makes sexual activity impossible.

QWB-SA

This survey asks about health problems that you have experienced in the **last 3 days, not including today**.

1. Please indicate whether you currently experience each of the following health symptoms or problems. Do you have…	YES	NO
a. Blindness or severely impaired vision in both eyes?	☐	☐
Blindness or severely impaired vision in only one eye?	☐	☐
b. Speech problems such as stuttering or being unable to speak clearly?	☐	☐
c. Missing or paralyzed hands, feet, arms, or legs?	☐	☐
Missing or paralyzed fingers or toes?	☐	☐
d. Any deformity of the face, fingers, hand or arm, foot or leg, or back (e.g. severe scoliosis)?	☐	☐
e. General fatigue, tiredness, or weakness?	☐	☐
f. A problem with unwanted weight gain or weight loss?	☐	☐
g. A problem with being under or over weight?	☐	☐
h. Problems chewing your food inadequately	☐	☐
i. Any hearing loss or deafness?	☐	☐
j. Any noticeable skin problems, such as bad acne or large burns or scars on face, body, arms, or legs?	☐	☐
k. Eczema or burning/itching rash?	☐	☐
l. Which of the following health aides do you use/have?		
1 Dentures?	☐	☐
2 Oxygen tank?	☐	☐
3 Prosthesis?	☐	☐
4 Eye glasses or contact lenses?	☐	☐
5 Hearing aide?	☐	☐
6 Magnifying glass?	☐	☐
7 Neck, back, or leg brace?	☐	☐

2. For the following list of problems, **indicate which days (if any) over the past 3 days, not including today, you had the problem**. If you have not had the symptom in the past 3 days, do not leave the question blank, please fill in "no days". If you have experienced the symptom in the past 3 days, please fill in which of the days you had it; if you experienced it on more than one of the days, please fill in all days that apply. **Did you have....**	**no days**	**yesterday**	**2 days ago**	**3 days ago**
a. Any problems with your vision not corrected with glasses or contact lenses (such as double vision, distorted vision, flashes, or floaters)?	☐	☐	☐	☐
b. Any eye pain, irritation, discharge, or excessive sensitivity to light?	☐	☐	☐	☐
c. A headache?	☐	☐	☐	☐
d. Dizziness, earache, or ringing in your ears?	☐	☐	☐	☐
e. Difficulty hearing, or discharge, or bleeding from an ear?	☐	☐	☐	☐
f. Stuffy or runny nose, or bleeding from the nose?	☐	☐	☐	☐
g. A sorethroat, difficulty swallowing, or hoarse voice?	☐	☐	☐	☐
h. A toothache or jaw pain?	☐	☐	☐	☐
i. Sore or bleeding lips, tongue, or gums?	☐	☐	☐	☐
j. Coughing or wheezing?	☐	☐	☐	☐
k. Shortness or breath or difficulty breathing?	☐	☐	☐	☐
l. Chest pain, pressure, palpitations, fast or skipped heart beat, or other discomfort in the chest?	☐	☐	☐	☐

m. An upset stomach, abdominal pain, nausea, heartburn, or vomiting?	☐	☐	☐	☐
n. Difficulty with bowel movements, diarrhea, constipation, rectal bleeding, black tar-like stools, or any pain or disc	☐	☐	☐	☐
o. Pain, burning, or blood in urine?	☐	☐	☐	☐
p. Loss of bladder control, frequent night-time urination, or difficulty with urination?	☐	☐	☐	☐
q. Genital pain, itching, burning, or abnormal discharge, or pelvic cramping or abnormal bleeding (does not include normal menstruation)?	☐	☐	☐	☐
r. A broken arm, wrist, foot, leg, or any other broken bone (other than in the back)?	☐	☐	☐	☐
s. Pain, stiffness, cramps, weakness, or numbness in the neck or back?	☐	☐	☐	☐
t. Pain, stiffness, cramps, weakness, or numbness in the hips or sides?	☐	☐	☐	☐
u. Pain, stiffness, cramps, weakness, or numbness in any of the joint muscles of the hand, feet, arms, or legs?	☐	☐	☐	☐
v. Swelling of ankles, hands, feet, or abdomen?	☐	☐	☐	☐
w. Fever, chills, or sweats?	☐	☐	☐	☐
x. Loss of consciousness, fainting, or seizures?	☐	☐	☐	☐
y. Difficulty with your balance, standing, or walking?	☐	☐	☐	☐

3. The following symptoms are about your **feelings, thoughts, and behaviors.** **Please fill in which days (if any) over the past 3 days, not including today, you have had..**	no days	yesterday	2 days ago	3 days ago
a. Trouble falling asleep or staying asleep?	☐	☐	☐	☐
b. Spells of feeling nervous or shaky?	☐	☐	☐	☐
c. Spells of feeling upset, downhearted, or blue?	☐	☐	☐	☐
d. Excessive worry or anxiety?	☐	☐	☐	☐
e. Feelings that you have little or no control over events in your life?	☐	☐	☐	☐
f. Feelings of being lonely or isolated?	☐	☐	☐	☐
g. Feelings of frustration, irritation, or close to losing your temper?	☐	☐	☐	☐
h. A hangover?	☐	☐	☐	☐
i. Any decrease of sexual interest or performance?	☐	☐	☐	☐
j. Confusion, difficulty understanding the written or spoken word, or significant memory loss?	☐	☐	☐	☐
k. Thoughts or images you could not get out of your mind?	☐	☐	☐	☐
l. To take any medication including over-the-counter remedies (aspirin/tylenol, allergy medications, insulin, hormones, estrogen, thyroid, prednisone)?	☐	☐	☐	☐
m. To stay on a medically prescribed diet for health reasons?	☐	☐	☐	☐
n. A loss of appetite or over-eating?	☐	☐	☐	☐

4. In the last 3 days did you have any symptoms, health complaints, or pains that have not been mentioned? ☐ Yes ☐ No

If yes, what were they and on which days did you have them?	no days	yesterday	2 days ago	3 days ago
Symptom A: ______________________________	☐	☐	☐	☐
Symptom B: ______________________________	☐	☐	☐	☐

Over the last 3 days…

5a. Did you spend any part of the day or night as a patient in a hospital, nursing home, or rehabilitation center?	☐	☐	☐	☐
5b. Because of any impairment or health problem, did you need help with your personal care needs, such as eating, dressing, bathing, or getting around your home?	☐	☐	☐	☐
6a. Which days did you drive a motor vehicle?	☐	☐	☐	☐
6b. Which days did you use public transportation such as a bus, subway, Medi-van, train, or airplane?	☐	☐	☐	☐
6c. Which days did you either not drive a motor vehicle or not use public transportation because of your health, or need help from another person to use?	☐	☐	☐	☐
7a. Have trouble climbing stairs or inclines or walking off the curb?	☐	☐	☐	☐
7b. Avoid walking, have trouble walking, or walk more slowly than other people your age?	☐	☐	☐	☐
7c. Limp or use a cane, crutches, or walker?	☐	☐	☐	☐
7d. Avoid or have trouble bending over, stooping, or kneeling?	☐	☐	☐	☐
7e. Have any trouble lifting or carrying everyday objects such as books, a briefcase, or groceries?	☐	☐	☐	☐
7f. Have any other limitations in physical movements?	☐	☐	☐	☐

Over the last 3 days…

7g. Spend all or most of the day in bed, chair, or couch because of health reasons?	☐	☐	☐	☐
7h. Spend all or most of the day in a wheelchair?	☐	☐	☐	☐
If in a wheelchair, on which days did someone else control its movement?	☐	☐	☐	☐
8a. Because of any physical or emotional health reasons, on which days did you avoid, need help with, or were limited in doing some of your usual activities, such as work, school, or housekeeping?	☐	☐	☐	☐
8b. Because of any physical or emotional health reasons, on which days did you avoid or feel limited in doing some of your usual activities, such as visiting family or friends, hobbies, shopping, recreational, or religious activities?	☐	☐	☐	☐
8c. On which days did you have to change any of your plans or activities because of your health? (Consider only activities that you did not report in the last 2 questions.)	☐	☐	☐	☐

9a. Would you say that your health is:

c Excellent
c Very Good
c Good
c Fair
c Poor

9b. Compared to a year ago, how would you rate your health in general now?

c Much better now than a year ago
c Somewhat better now than a year ago
c About the same as a year ago
c Somewhat worse than a year ago
c Much worse than a year ago

9c. Think about a scale of 0 to 100, with zero being the least desirable state of health that you could imagine and 100 being perfect health. What number from 0 to 100 would you give to the state of your health, on average, over the last 3 days?

☐ 0 ☐ 10 ☐ 20 ☐ 30 ☐ 40 ☐ 50 ☐ 60 ☐ 70 ☐ 80 ☐ 90 ☐ 100

ICECAP-A

Please indicate which statements best describe your overall quality of life at the moment byselecting one answer for each of the five attributes below

1. Feeling settled and secure

- c I am able to feel settled and secure in **all** areas of my life
- c I am able to feel settled and secure in **many** areas of my life
- c I am only able to feel settled and secure in **a few** areas of my life
- c I am **unable** to feel settled and secure in **any** areas of my life

2. Love, friendship, and support

- c I can have **a lot** of love, friendship, and support
- c I can have **quite a lot** of love, friendship, and support
- c I can only have **a little** love, friendship, and support
- c I **cannot** have **any** love, friendship, and support

3. Being independent

- c I am able to be **completely** independent
- c I am able to be independent in **many** things
- c I am only able to be independent in **a few** things
- c I am **unable** to be at all independent

4. Achievement and progress

- c I can achieve and progress in **all** aspects of my life
- c I can achieve and progress in **many** aspects of my life
- c I can achieve and progress in **a few** aspects of my life
- c I **cannot** achieve and progress in **any** aspects of my life

5. Enjoyment and pleasure

- c I can have **a lot** of enjoyment and pleasure
- c I can have **quite a lot** of enjoyment and pleasure
- c I can have **a little** enjoyment and pleasure
- c I **cannot** have **any** enjoyment and pleasure

Some questions about yourself

1.You are: ☐ Male ☐ Female

2. Your year of birth? ....

3. Country of birth? ....

4. What is your ethnicity?

OCEANIAN
Australian Peoples
New Zealand Peoples
Melanesian and Papuan
Micronesian
Polynesian
NORTH-WEST EUROPEAN
British
Irish
Western European
Northern European
SOUTHERN AND EASTERN EUROPEAN
Southern European
South Eastern European
Eastern European
NORTH AFRICAN AND MIDDLE EASTERN
Arab
Jewish
Peoples of the Sudan
Other North African and Middle Eastern
SOUTH-EAST ASIAN
Mainland South-East Asian
Maritime South-East Asian
NORTH-EAST ASIAN
Chinese Asian
Other North-East Asian
SOUTHERN AND CENTRAL ASIAN
Southern Asian
Central Asian
PEOPLE OF THE AMERICAS
North American
South American
Central American
Caribbean Islander
SUB-SAHARAN AFRICAN
Central and West African
Southern and East African

5. What is your postcode? ________

6. Are you living with a spouse or partner? ☐ Yes ☐ No

7. Currently what is the highest level of education you have completed? *(Please tick one box)*

☐ Some high school ☐ Completed high school ☐ Apprenticeship technical diploma ☐ Some University/college ☐ Grad ☐ PostGrad o

8. When you were young (less than 16) , what was your standard of living at home?

☐ Very good ☐ Good ☐ Poor ☐ Very poor

9. How do you rate your current standard of living?

☐ Very good ☐ Good ☐ Poor ☐ Very poor

10. What is your current (or last) profession or job? ....

11. What is your current occupational status? *(Please tick one box)*

☐ Fulltime o Part time o Homemaker o Unemployed o Retired ☐ Disability Pensioner ☐ Student

12. Tick the box corresponding to your pre-tax or gross household income (include all sources)

☐ below $350pw (less than$18,200pa) ☐ $350-649pw ($18,200-33,748pa) ☐ $650-999pw ($33,800-51,948pa) ☐ $1000-1399pw ($52,000-72,748pa) ☐ 1400-1999pw ($72,800-103,948pa) ☐ $2000-2999pw (104,000-155,948pa) ☐ above $3000pw (above$156,000pa) ☐ refused don't know

13 Do you have a condition that has lasted for more than three months (e.g., illness, injury, disability)?

☐ No ☐ Yes *(name of condition)* ....

14. When did it start? o I have not had a condition which lasted that long

OR o Year………… Month *(if in past 12 months)* ....

15. On how many days per week do you do moderate-intensity physical activity/exercise (such as brisk walking, swimming, cycling)?

☐ Never ☐ less than 1x week ☐ once a week ☐ 2-3 times a week ☐ about every day

16. How many minutes of moderate-intensity physical activity do you do when you exercise?

☐ less than 15 ☐ 15 -29 ☐ 30-60 ☐ more than 60

17. On average, how many cigarettes do you smoke a day? *(Please tick one box)*

☐ 0,I don't smoke ☐ 1-10 ☐ 11-20 ☐ 21 or more

18. How often do you have a drink containing alcohol? *Please tick one box*

☐ Never ☐ Monthly or less ☐ 2-4 times a month ☐ 2-3 times a week ☐ 4 or more times a week

19. How many drinks containing alcohol do you have on a typical day when you are drinking?

☐	☐	☐	☐	☐
1 or 2	3 or 4	5 or 6	7 or 9	10 or more

20. What is your height?..................

21. What is your weight?..................

	Very optimistic	Optimistic	Neither optimistic nor pessimistic	Pessimistic	Very pessimistic
22. How do you feel about your future health?	☐	☐	☐	☐	☐

Thank you for completing this questionnaire

EQ5d duplicate for checking data

a. Mobility

- c I have no problem in walking about
- c I have slight problems in walking about
- c I have moderate problems in walking about
- c I have severe problems in walking about
- c I am unable to walk about