

Health-Related Quality of Life Scale

This survey accompanies a measure in the SPARQTools.org [Measuring Mobility toolkit](#), which provides practitioners curated instruments for assessing mobility from poverty and tools for selecting the most appropriate measures for their programs.

Age: Adult

Duration: 3-5 minutes

Reading Level: < 6th grade (orally delivered) / 9th-12th grade (written survey)

Number of items: 14

Answer Format: This survey uses multiple answer formats. Please see the scoring instructions below for more information.

Scoring:

The *Core Healthy Days Module* subscale contains Q1. The answer format for this question is: 1 = excellent; 2 = very good; 3 = good; 4 = fair; 5 = poor.

The *Core Healthy Days Module* subscale also contains Q2, Q3, and Q4. The answer format for these questions is: 1 = number of day (fill in the blank); 2 = none.

The *Activity Limitations Module* subscale contains Q5. The answer format for this question is: 1 = yes; 2 = no.

The *Activity Limitations Module* subscale also contains Q6. The answer format for this question is: 1 = arthritis/rheumatism; 2 = back or neck problem; 3 = fractures, bone/joint injury; 4 = walking problem; 5 = lung/breathing problem; 6 = hearing problem; 7 = eye/vision problem; 8 = heart problem; 9 = stroke problem; 10 = hypertension/high blood pressure; 11 = diabetes; 12 = cancer; 13 = depression/anxiety/emotional problem; 14 = other impairment/problem.

The *Activity Limitations Module* subscale also contains Q7. The answer format for this question is fill in the blank.

To calculate the unhealthy days score for each participant, sum the number of physically unhealthy and mentally unhealthy days. The maximum score is 30 unhealthy days, even if the number of unhealthy days totals more than 30. To calculate a healthy days score, subtract the number of unhealthy days from 30.

Sources:

Centers for Disease Control and Prevention. (2016, May). Health-related quality of life (HRQOL). Retrieved from: <https://www.cdc.gov/hrqol/methods.htm>.

- h. Heart problem
- i. Stroke problem
- j. Hypertension/high blood pressure
- k. Diabetes
- l. Cancer
- m. Depression/anxiety/emotional problem
- n. Other impairment/problem

7. For HOW LONG have your activities been limited because of your major impairment or health problem?

- a. Days 1 _____
- b. Weeks 2 _____
- c. Months 3 _____
- d. Years 4 _____

8. Because of any impairment or health problem, do you need the help of other persons with your PERSONAL CARE needs, such as eating, bathing, dressing, or getting around the house?

Yes

No

9. Because of any impairment or health problem, do you need the help of other persons in handling your ROUTINE needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes?

Yes

No

Healthy Days Symptoms Module

10. During the past 30 days, for about how many days did PAIN make it hard for you to do your usual activities, such as self-care, work, or recreation?

- a. Number of days: _____
- b. None

11. During the past 30 days, for about how many days have you felt SAD, BLUE, or DEPRESSED?

- a. Number of days: _____
- b. None

12. During the past 30 days, for about how many days have you felt WORRIED, TENSE, or ANXIOUS?

- a. Number of days: _____
- b. None

13. During the past 30 days, for about how many days have you felt you did NOT get ENOUGH REST or SLEEP?

- a. Number of days: _____
- b. None

14. During the past 30 days, for about how many days have you felt VERY HEALTHY AND FULL OF ENERGY?

- a. Number of days: _____
- b. None