PLEASE COMPLETE BEFORE YOUR APPOINTMENT

Hospital ID

improving patient information

This questionnaire is about the health of people with blood disorders. The answers you give will help us to understand more about these diseases, and will be used to improve the organisation and delivery of health care.

Please read the information leaflet provided in the study pack and use it to decide if you would like to take part.

If you would like to take part:

- **Please initial and sign the consent form in the study pack given to you**
- **Please complete this form BEFORE your appointment**
- **Please return all completed forms (including the consent form) to the box in the haematology clinic waiting room. Alternatively, return it to us in the Freepost envelope provided.**

Please note, these forms are for research purposes only and will not be used during your appointment. However, if you are concerned about any of the issues raised, please discuss this with your doctors or nurses today, or make an appointment to see your GP.

If you have any questions or need help filling in this form, please contact us using the information on the back page.

Questionnaire 1

Yorkshire & Humberside Haematology Network

Version 2 August 2016

EQ-5D-5L

ID
(office use)

Under each heading, please tick the ONE box that best describes your health TODAY

MOBILITY

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

SELF-CARE

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

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

I have no problems doing my usual activities ☐
I have slight problems doing my usual activities ☐
I have moderate problems doing my usual activities ☐
I have severe problems doing my usual activities ☐
I am unable to do my usual activities ☐

PAIN / DISCOMFORT

I have no pain or discomfort ☐
I have slight pain or discomfort ☐
I have moderate pain or discomfort ☐
I have severe pain or discomfort ☐
I have extreme pain or discomfort ☐

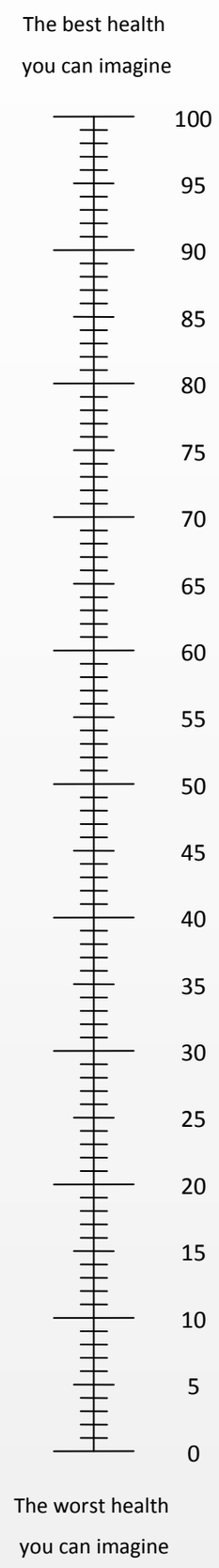
ANXIETY / DEPRESSION

I am not anxious or depressed ☐
I am slightly anxious or depressed ☐
I am moderately anxious or depressed ☐
I am severely anxious or depressed ☐
I am extremely anxious or depressed ☐

EQ-5D-5L

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY =



Over the **last 2 weeks**, how often have you been bothered by the following problems?

Use a tick ✓ to indicate your answer

GAD7 - GENERAL ANXIETY DISORDER

PHQ8 - PERSONAL HEALTH QUESTIONNAIRE

	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0 ☐	1 ☐	2 ☐	3 ☐
2. Not being able to stop or control worrying	0 ☐	1 ☐	2 ☐	3 ☐
3. Worrying too much about different things	0 ☐	1 ☐	2 ☐	3 ☐
4. Trouble relaxing	0 ☐	1 ☐	2 ☐	3 ☐
5. Being so restless that it is hard to sit still	0 ☐	1 ☐	2 ☐	3 ☐
6. Becoming easily annoyed or irritable	0 ☐	1 ☐	2 ☐	3 ☐
7. Feeling afraid as if something awful might happen	0 ☐	1 ☐	2 ☐	3 ☐
8. Little interest or pleasure in doing things	0 ☐	1 ☐	2 ☐	3 ☐
9. Feeling down, depressed, or hopeless	0 ☐	1 ☐	2 ☐	3 ☐
10. Trouble falling or staying asleep, or sleeping too much	0 ☐	1 ☐	2 ☐	3 ☐
11. Feeling tired or having little energy	0 ☐	1 ☐	2 ☐	3 ☐
12. Poor appetite or overeating	0 ☐	1 ☐	2 ☐	3 ☐
13. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0 ☐	1 ☐	2 ☐	3 ☐
14. Trouble concentrating on things, such as reading the newspaper or watching television	0 ☐	1 ☐	2 ☐	3 ☐
15. Moving or speaking so slowly that other people could have noticed? Or the opposite - being so fidgety or restless that you have been moving around a lot more than normal	0 ☐	1 ☐	2 ☐	3 ☐

PHQ15 - PHYSICAL SYMPTOMS

During the **past 4 weeks**, how much have you been bothered by any of the following problems?

Use a tick ✓ to indicate your answer

	Not bothered at all	Bothered a little	Bothered a lot
1. Stomach pain	0 ☐	1 ☐	2 ☐
2. Back pain	0 ☐	1 ☐	2 ☐
3. Pain in your arms, legs or joints (knees, hips etc.)	0 ☐	1 ☐	2 ☐
4. Menstrual cramps or other problems with your periods ***(women only)***	0 ☐	1 ☐	2 ☐
5. Headaches	0 ☐	1 ☐	2 ☐
6. Chest pain	0 ☐	1 ☐	2 ☐
7. Dizziness	0 ☐	1 ☐	2 ☐
8. Fainting spells	0 ☐	1 ☐	2 ☐
9. Feeling your heart pound or race	0 ☐	1 ☐	2 ☐
10. Shortness of breath	0 ☐	1 ☐	2 ☐
11. Pain or problems during sexual intercourse	0 ☐	1 ☐	2 ☐
12. Constipation, loose bowels or diarrhoea	0 ☐	1 ☐	2 ☐
13. Nausea, wind or indigestion	0 ☐	1 ☐	2 ☐
14. Feeling tired or having low energy	0 ☐	1 ☐	2 ☐
15. Trouble sleeping	0 ☐	1 ☐	2 ☐

UCLA SHORT SCALE

The following statements describe how people sometimes feel. For each statement, please indicate how often you feel the way described.

Use a tick ✓ to indicate your answer

	Hardly ever/ never	Some of the time	Often
1. I lack companionship	1 ☐	2 ☐	3 ☐
2. I feel left out	1 ☐	2 ☐	3 ☐
3. I feel isolated from others	1 ☐	2 ☐	3 ☐
4. I feel lonely	1 ☐	2 ☐	3 ☐

If there is anything else you would like to tell us, please use the space below:

Signed:

Date form completed:

Once you have completed the questionnaire please put it in the box in the haematology clinic waiting room, or return it to us in the freepost envelope provided. Our contact details are:

YHHN, Seebohm Rowntree Building
Dept Health Sciences
University of York
Heslington, YORK
YO10 5DD

Freephone: 0800 328 0655

Email: enquiries@yhhn.org

Thank you for taking the time to complete this questionnaire