

HRQOLDA

Health-Related Quality of Life for Drug Abusers Test*

Interviewer: _____ Center: _____

Test #: _____

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The following questions will ask you about your health **during the last month**. Your task will consist of answering each of the questions with **complete honesty**. For this, you will have 5 alternatives for your answer (you should chose only one). These choices indicate the extent to which you have had the symptoms and situations described in the questions. The possible answers are shown below:

Example: During the last 30 days, to what extent have you suffered from headaches?

NEVER 1 to 2 TIMES 3 to 7 TIMES 8 to 14 TIMES 15 TIMES OR MORE

By marking the answer “**1 to 2 TIMES**” you are indicating that during the last month you have had headaches one to two times.

Before you start, remember that it is important that you answer **honestly**. Choose the answer that **best** represents your experience **during the last 30 days**.

If you have any questions, please ask the interviewer before you begin.

During the **last month**, how often:

- | | | | | | |
|---|-------|--------------|--------------|---------------|------------------|
| 1. Have you had pain (physical)? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 2. Have you had sleeping problems? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 3. Have you vomited (or had nausea)? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 4. Have you felt tired (lacked energy)? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 5. Have you felt anxious (nervous)? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 6. Have you felt depressed (sad, hopeless, “felt like giving up”)? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 7. Have you felt aggressive? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 8. Have you had problems remembering things (names, where you put things, etc.)? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 9. Have you had hallucinations? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 10. Have you had problems concentrating (“losing your train of thought”)? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 11. Have you become disoriented (“not sure where you were”)? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 12. Have you used illicit drugs to feel better physically ? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 13. Have you used illicit drugs to feel better psychologically (mentally)? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES OR MORE |
| 14. Have you had a physical problem that made it difficult for you to do your daily activities (to get dressed, to shower, etc.)? | NEVER | 1 to 2 TIMES | 3 to 7 TIMES | 8 to 14 TIMES | 15 TIMES or MORE |

15. Have you felt that your **physical** health had worsened?
- NEVER A COUPLE OF TIMES SOMETIMES MANY TIMES ALL THE TIME
16. Have you felt that your **psychological** (mental) health had worsened?
- NEVER A COUPLE OF TIMES SOMETIMES MANY TIMES ALL THE TIME
17. Have you felt that people cared about you?
- NEVER A COUPLE OF TIMES SOMETIMES MANY TIMES ALL THE TIME
18. Have you had family problems?
- NEVER A COUPLE OF TIMES SOMETIMES MANY TIMES ALL THE TIME
19. Do you believe that drug use reduced your social activities (to go out with friends, to work, etc.)?
- NOT AT ALL A LITTLE BIT A FAIR BIT PRETTY MUCH ABSOLUTELY
20. Do you believe that some people can quit drugs?
- NOT AT ALL A LITTLE BIT A FAIR BIT PRETTY MUCH ABSOLUTELY

*Original Spanish version conceived and developed by Dr. O. Lozano; translation and adaptation to English by Dr. C. Zubaran.