

The *Centers for Disease Control and Prevention Health-Related Quality-of-Life 14-Item Measure (CDC HRQOL-14)* is an interview scale that is used extensively in survey research studies. It is also used in clinical practice. Good predictive and construct validity has been demonstrated in clinic populations. A description of the scale, along with scoring and interpretive considerations is excerpted below.<sup>1</sup>

The standard 4-item set of Healthy Days core questions (CDC HRQOL-4) has been in the State-based Behavioral Risk Factor Surveillance System (BRFSS) since 1993 (see BRFSS Web site <http://www.cdc.gov/brfss>). Since 2000, the CDC HRQOL-4 has been in the National Health and Nutrition Examination Survey (NHANES) for persons aged 12 and older. Since 2003, the CDC HRQOL-4 has been in the Medicare Health Outcome Survey (HOS)—a NCQA HEDIS measure. Standard Activity Limitation and Healthy Days Symptoms modules have also been available since January 1995. When used together, these measures comprise the full CDC HRQOL-14 Measure.

#### How is the summary index of unhealthy days calculated?

**Unhealthy days** are an estimate of the overall number of days during the previous 30 days when the respondent felt that either his or her physical or mental health was not good. To obtain this estimate, responses to questions 2 and 3 are combined to calculate a summary index of overall unhealthy days, with a logical maximum of 30 unhealthy days. For example, a person who reports four physically unhealthy days and two mentally unhealthy days is assigned a value of six unhealthy days, and someone who reports 30 physically unhealthy days and 30 mentally unhealthy days is assigned the maximum of 30 unhealthy days.

**Healthy days** are the positive complementary form of unhealthy days. Healthy days estimates the number of recent days when a person's physical and mental health was good (or better) and is calculated by subtracting the number of unhealthy days from 30 days. The method for estimating unhealthy days is supported by the actual pattern of survey responses to two individual questions. The majority of individuals report substantially different numbers of physically unhealthy days versus mentally unhealthy days; for example, in the 1998 Behavioral Risk Factor Surveillance System (BRFSS), 67.8% of the 68 619 adults who reported any unhealthy days, reported only physically unhealthy days or mentally unhealthy days, while 4.5% reported equal numbers for each measure.

Additional evidence indicates that other reported days do not overlap; for example, 10.5% of the 256 persons who reported both 15 physically unhealthy days and 15 mentally unhealthy days also reported more than 15 days of recent activity limitation due to poor physical or mental health. An alternative calculation method that assumed a maximum amount of overlap in the two responses (eg, a person who reports 4 physically unhealthy days and 2 mentally unhealthy days is assigned a value of 4 unhealthy days) was not as plausible from the overall response pattern. Furthermore, this latter method resulted in only a 0.4-day overall mean difference in unhealthy days compared with the recommended method and showed similar demographic patterns and subgroup differences with aggregated population data.

Frequent mental distress is defined as having 14 or more mentally unhealthy days as measured by [question 3].

### CDC HRQOL-14

#### Healthy Days Core Module

1. Would you say that in general your health is:

**Please read.**

- |              |   |
|--------------|---|
| a. Excellent | 1 |
| b. Very good | 2 |
| c. Good      | 3 |
| d. Fair      | 4 |
| or e. Poor   | 5 |

**Do not read these responses.**

- |                     |   |
|---------------------|---|
| Don't know/Not sure | 7 |
| Refused             | 9 |

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- |                   |     |
|-------------------|-----|
| a. Number of Days | __  |
| b. None           | 8 8 |

- |                     |     |
|---------------------|-----|
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- |                   |     |
|-------------------|-----|
| a. Number of Days | __  |
| b. None           | 8 8 |

- |                     |     |
|---------------------|-----|
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

**If both Q2 AND Q3 = <None>, skip next question.**

4. During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?

- |                   |     |
|-------------------|-----|
| a. Number of Days | __  |
| b. None           | 8 8 |

- |                     |     |
|---------------------|-----|
| Don't know/Not sure | 7 7 |
| Refused             | 9 9 |

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<sup>1</sup>Information about the CDC HRQOL-14 is available at <http://www.cdc.gov/hrqol>. A Spanish language version is available at <http://www.cdc.gov/hrqol/spanish.htm>.

Note: To use the response codes for statistical analyses, see <http://www.cdc.gov/hrqol/syntax.htm> for instructions (eg, for use with SPSS, SAS, and SUDAAN).

(CDC HRQOL-14 – continued)

**Activity Limitations Module**

**These next questions are about physical, mental, or emotional problems or limitations you may have in your daily life.**

1. Are you LIMITED in any way in any activities because of any impairment or health problem?

- |        |   |                     |   |
|--------|---|---------------------|---|
| a. Yes | 1 | Don't know/Not sure | 7 |
| b. No  | 2 | Refused             | 9 |

**If <No> or <Don't know/Not sure> or <Refused>, go to Q1 of Healthy Days Symptoms Module.**

2. What is the MAJOR impairment or health problem that limits your activities?

**Do not read. Code only one category.**

- |                                 |     |   |     |                     |     |
|---------------------------------|-----|---|-----|---------------------|-----|
| a. Arthritis/rheumatism         | 0 1 | h. Heart problem                        | 0 8 | Don't know/Not sure | 7 7 |
| b. Back or neck problem         | 0 2 | i. Stroke problem                       | 0 9 | Refused             | 9 9 |
| c. Fractures, bone/joint injury | 0 3 | j. Hypertension/high blood pressure     | 1 0 |                     |     |
| d. Walking problem              | 0 4 | k. Diabetes                             | 1 1 |                     |     |
| e. Lung/breathing problem       | 0 5 | l. Cancer                               | 1 2 |                     |     |
| f. Hearing problem              | 0 6 | m. Depression/anxiety/emotional problem | 1 3 |                     |     |
| g. Eye/vision problem           | 0 7 | n. Other impairment/problem             | 1 4 |                     |     |

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

**Do not read. Code using respondent's unit of time.**

- |           |      |                     |       |
|-----------|------|---------------------|-------|
| a. Days   | 1 __ | Don't know/Not sure | 7 7 7 |
| b. Weeks  | 2 __ | Refused             | 9 9 9 |
| c. Months | 3 __ |                     |       |
| d. Years  | 4 __ |                     |       |

4. 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?

- |        |   |                     |   |
|--------|---|---------------------|---|
| a. Yes | 1 | Don't know/Not sure | 7 |
| b. No  | 2 | Refused             | 9 |

5. 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?

- |        |   |                     |   |
|--------|---|---------------------|---|
| a. Yes | 1 | Don't know/Not sure | 7 |
| b. No  | 2 | Refused             | 9 |

**Healthy Days Symptoms Module**

1. 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 | __  | Don't know/Not sure | 7 7 |
| b. None           | 8 8 | Refused             | 9 9 |

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

- |                   |     |                     |     |
|-------------------|-----|---------------------|-----|
| a. Number of Days | __  | Don't know/Not sure | 7 7 |
| b. None           | 8 8 | Refused             | 9 9 |

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

- |                   |     |                     |     |
|-------------------|-----|---------------------|-----|
| a. Number of Days | __  | Don't know/Not sure | 7 7 |
| b. None           | 8 8 | Refused             | 9 9 |

4. 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 | __  | Don't know/Not sure | 7 7 |
| b. None           | 8 8 | Refused             | 9 9 |

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

- |                   |     |                     |     |
|-------------------|-----|---------------------|-----|
| a. Number of Days | __  | Don't know/Not sure | 7 7 |
| b. None           | 8 8 | Refused             | 9 9 |