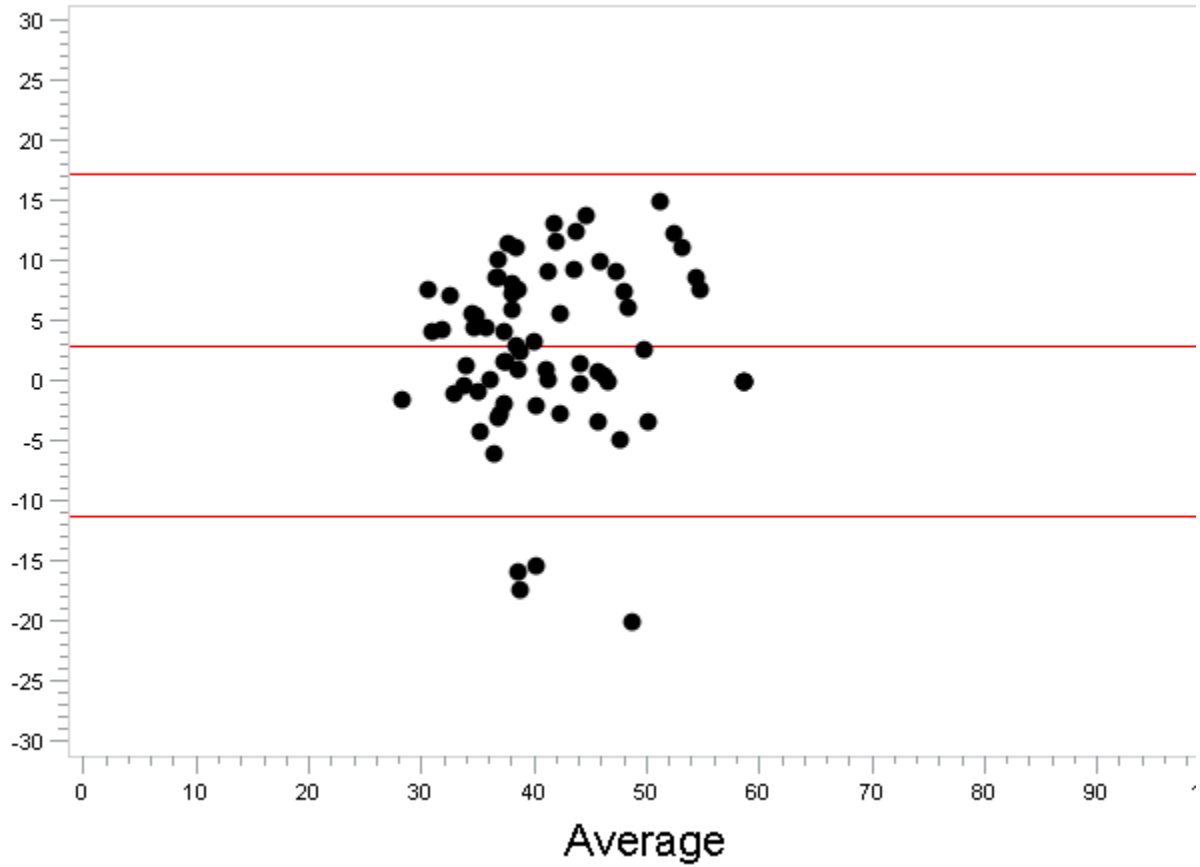


### Bland-Altman Plot

#### Lower Extremity (Mobility) - short form

Difference



UL: 17.18

LL: -11.28

Mean Diff: 2.95

## BLAND-ALTMAN PLOTS FOR STROKE SELF/PROXY 4/18/2014

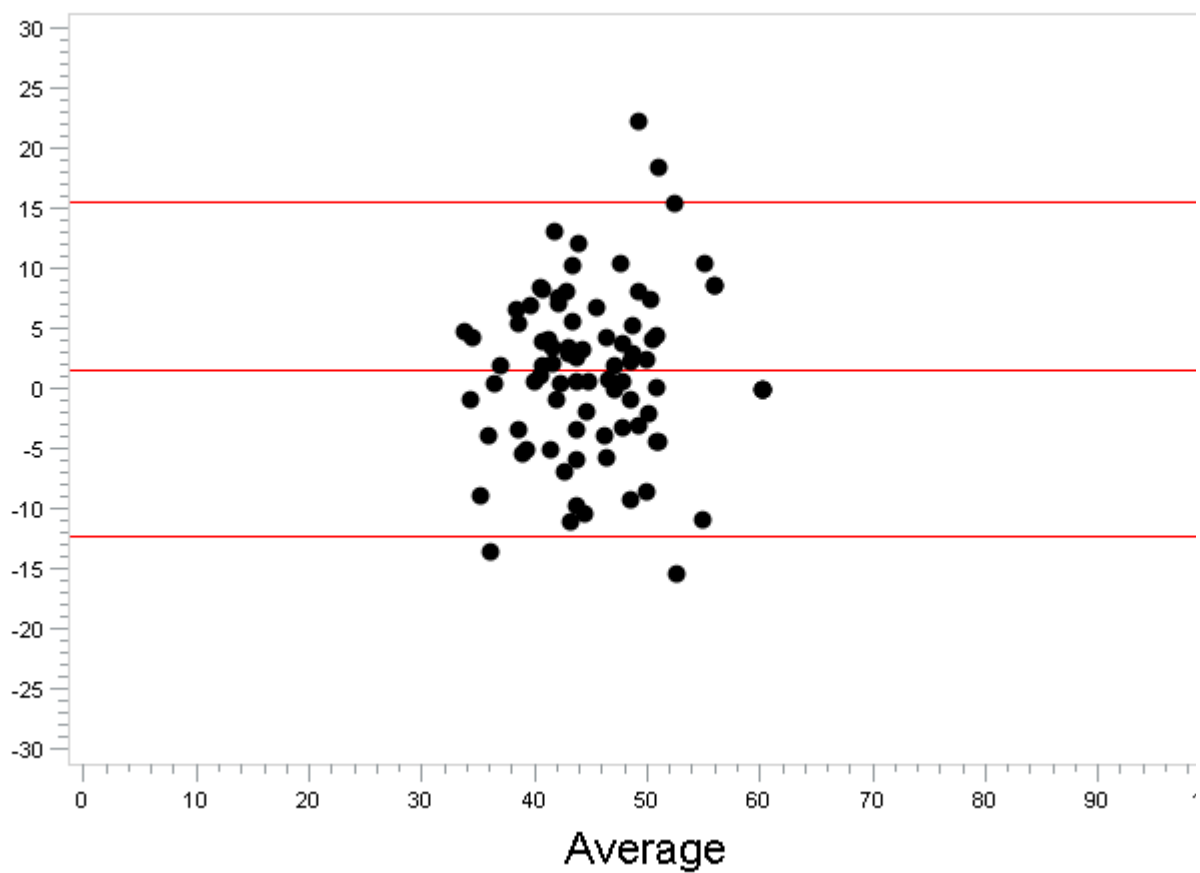
### Note on Differences:

Difference is calculated as self minus proxy. Negative differences indicate the proxy scores are higher than self scores. Positive differences indicate the proxy scores are lower than self scores.

### Bland-Altman Plot

#### Ability to Participate in Social Roles and Activities - short form

Difference



UL: 15.47

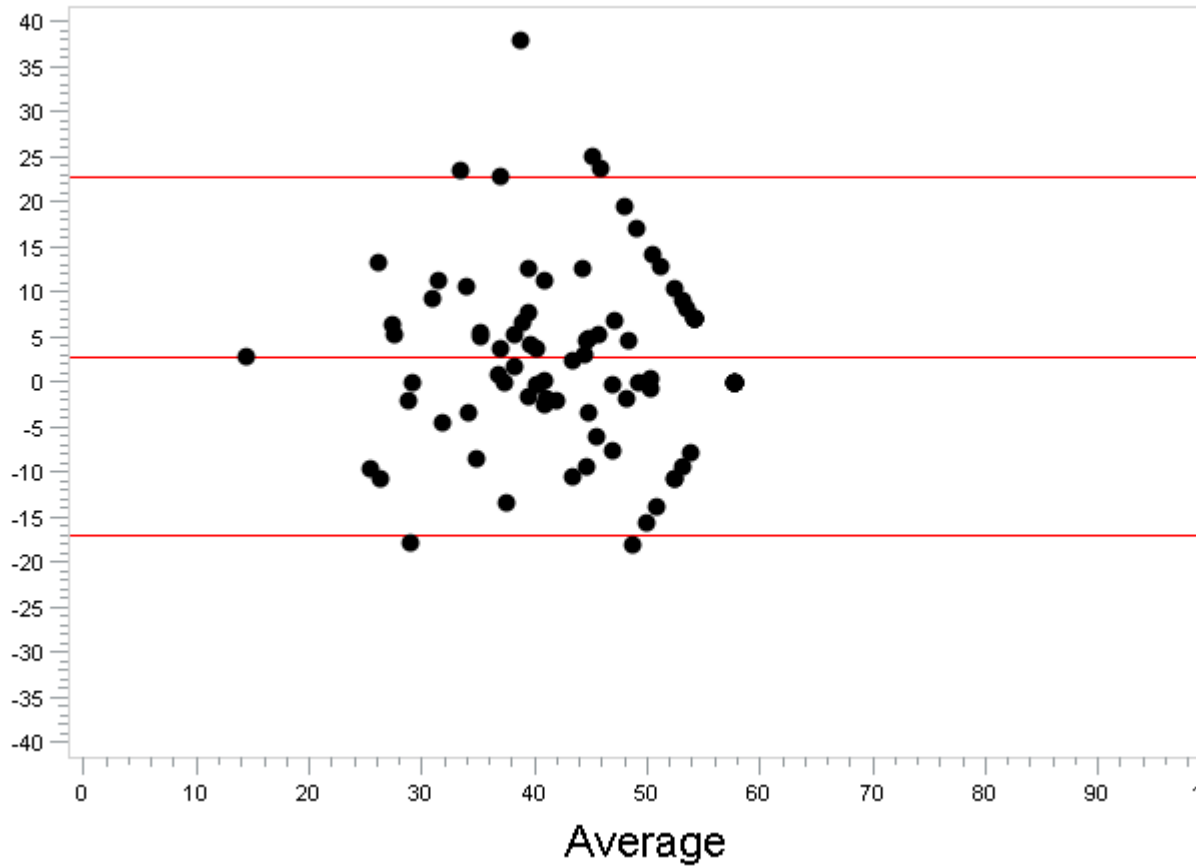
LL: -12.26

Mean Diff: 1.60

### Bland-Altman Plot

#### Applied Cognition- Executive Function - short form

Difference



UL:22.69

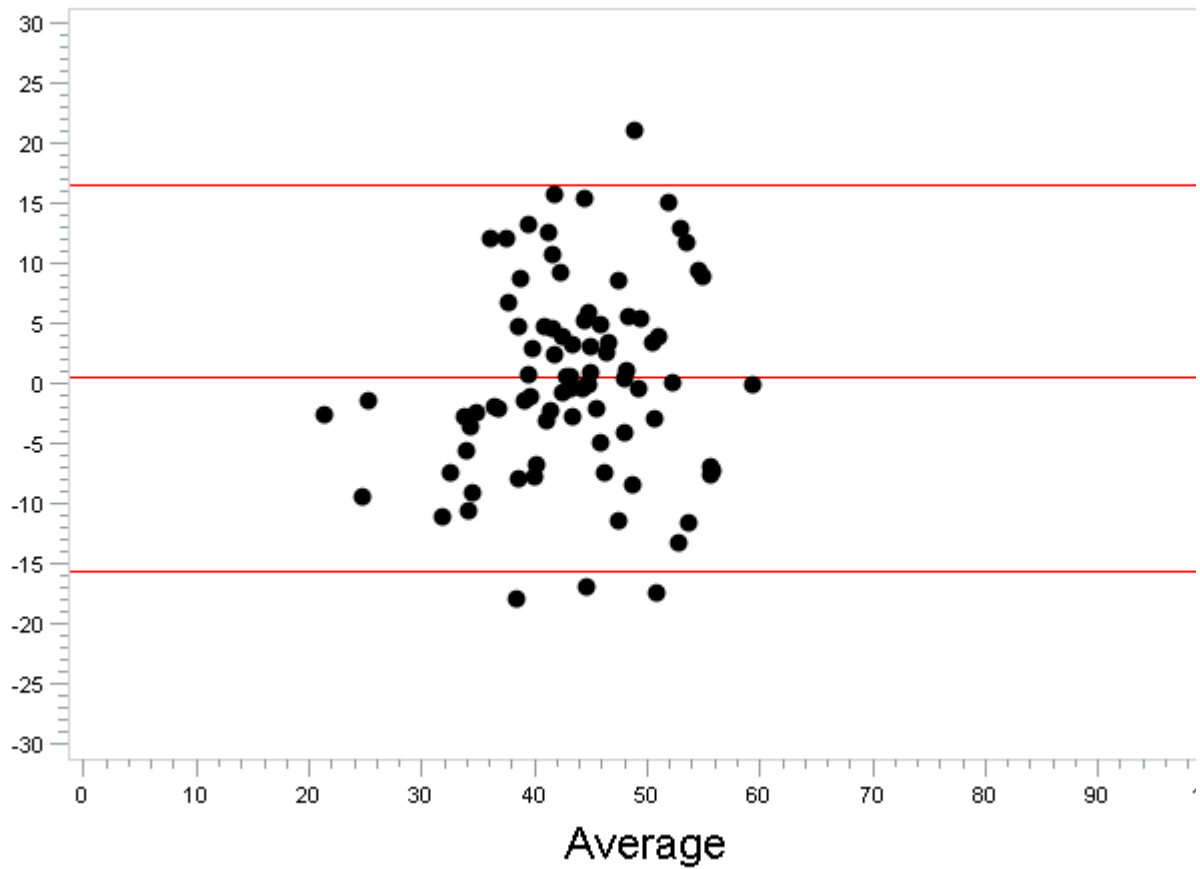
LL: -17.14

Mean Diff: 2.78

### Bland-Altman Plot

### Applied Cognition- General Concerns - short form

Difference



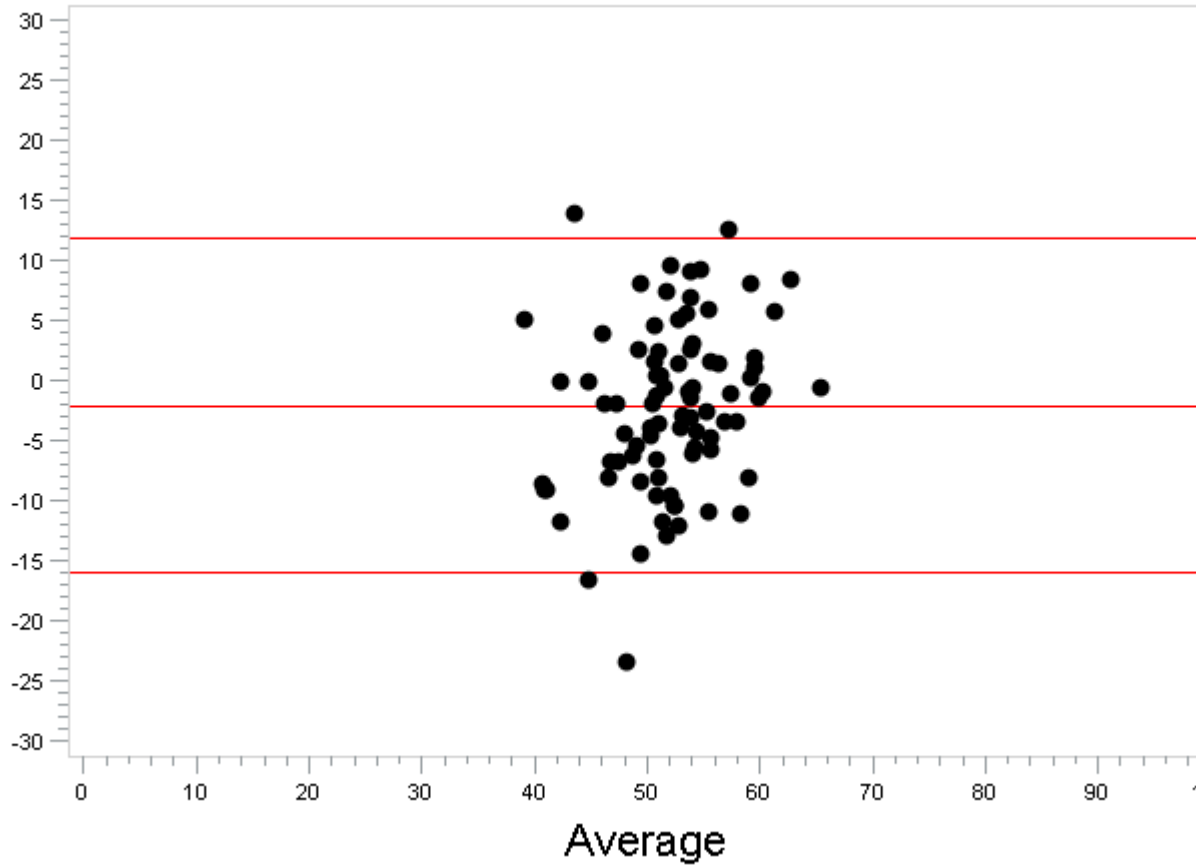
UL:16.62

LL:-15.54

Mean Diff:0.54

**Bland-Altman Plot**  
**Anxiety - short form**

Difference



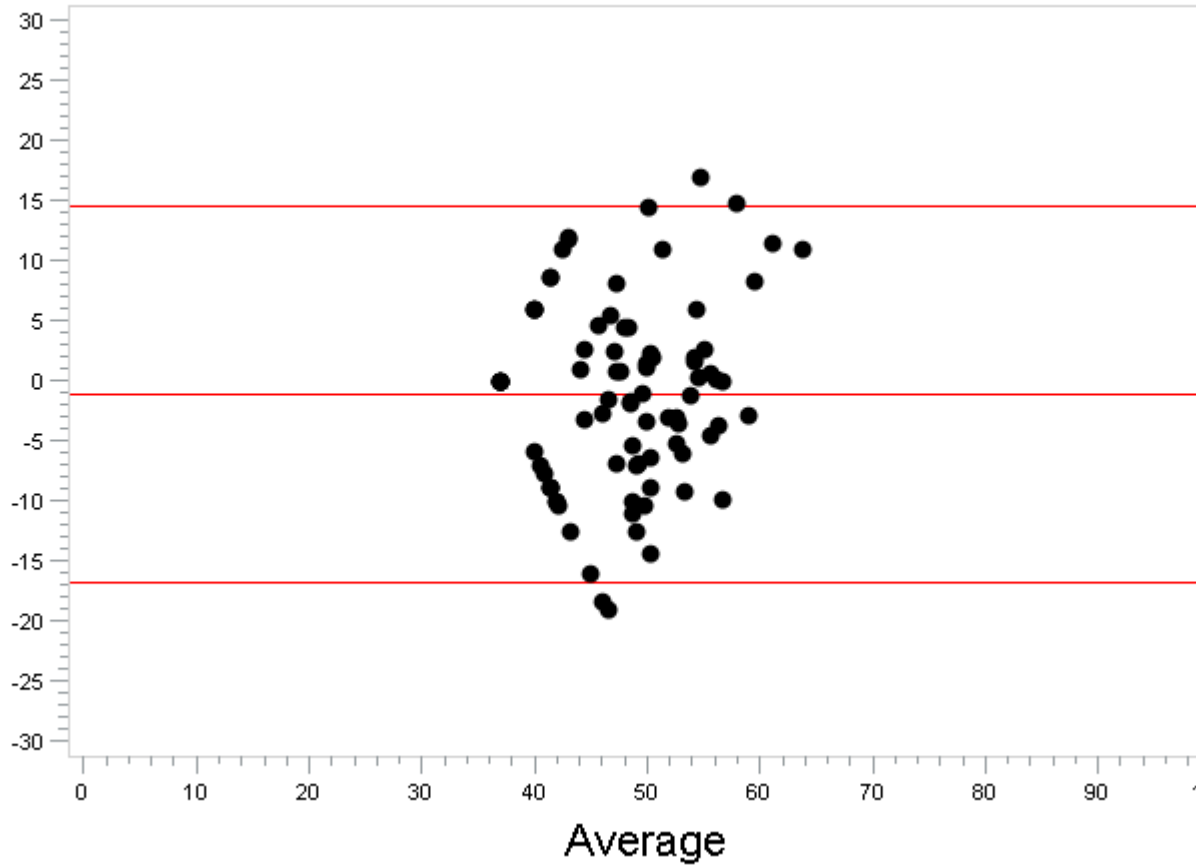
UL:11.88

LL: -15.95

Mean Diff: -2.03

**Bland-Altman Plot**  
**Depression - short form**

Difference



UL: 14.58

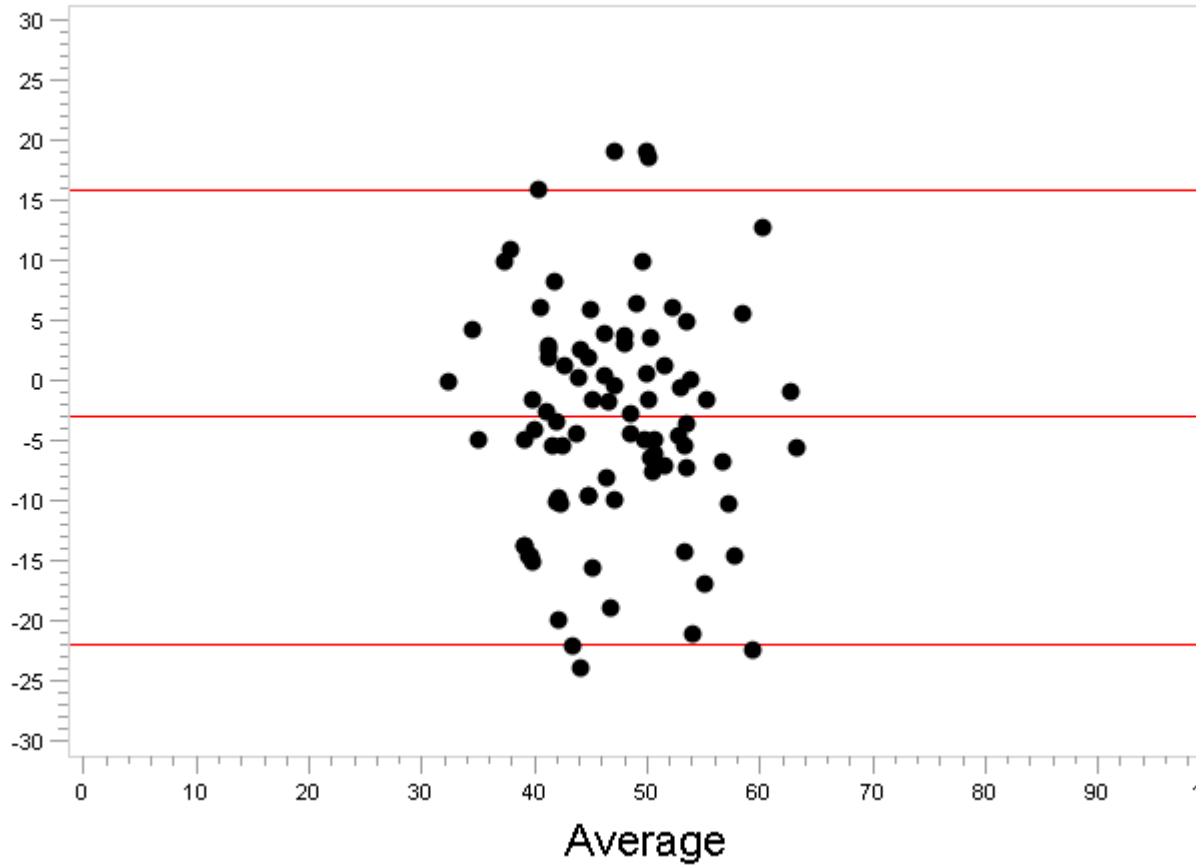
LL: -16.73

Mean Diff: -1.08

### Bland-Altman Plot

#### Emotional and Behavioral Dyscontrol - short form

Difference



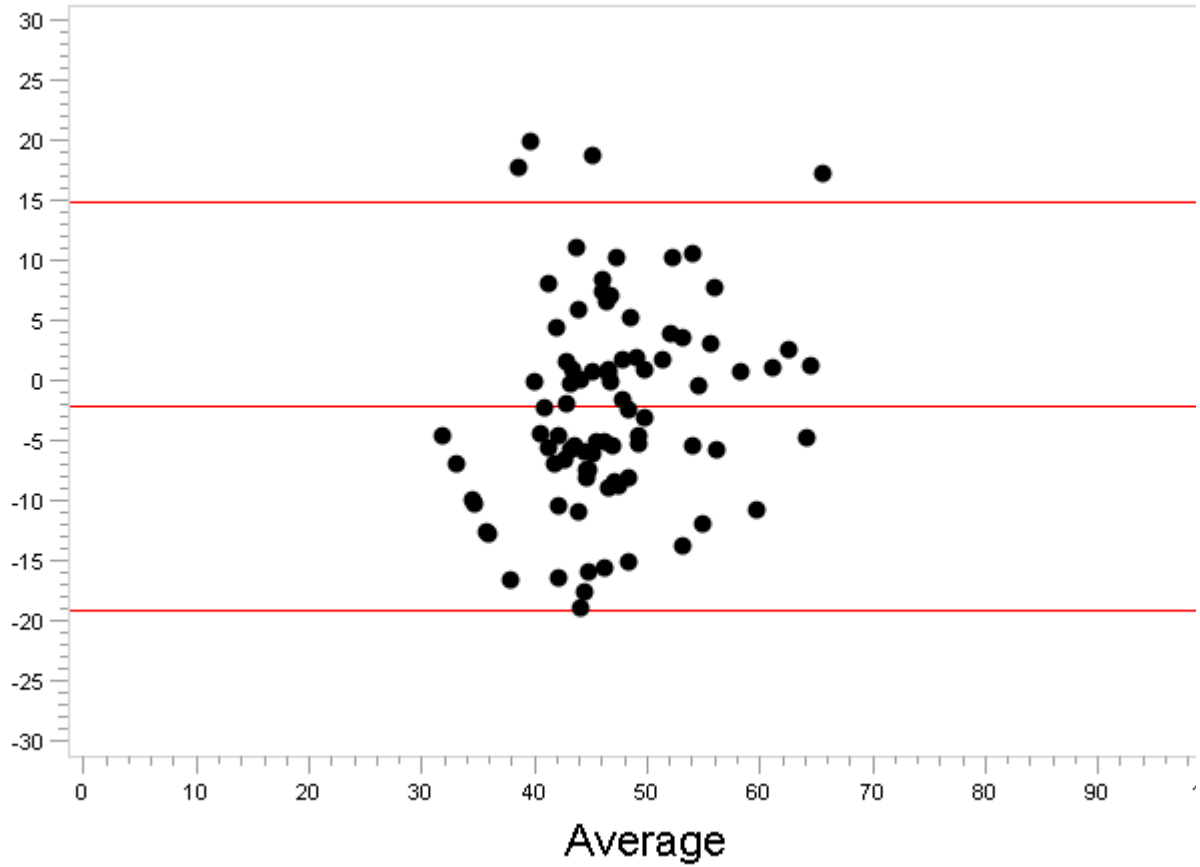
UL:15.83

LL: -21.85

Mean Diff: -3.01

**Bland-Altman Plot**  
**Fatigue - short form**

Difference



UL:14.96

LL: -19.09

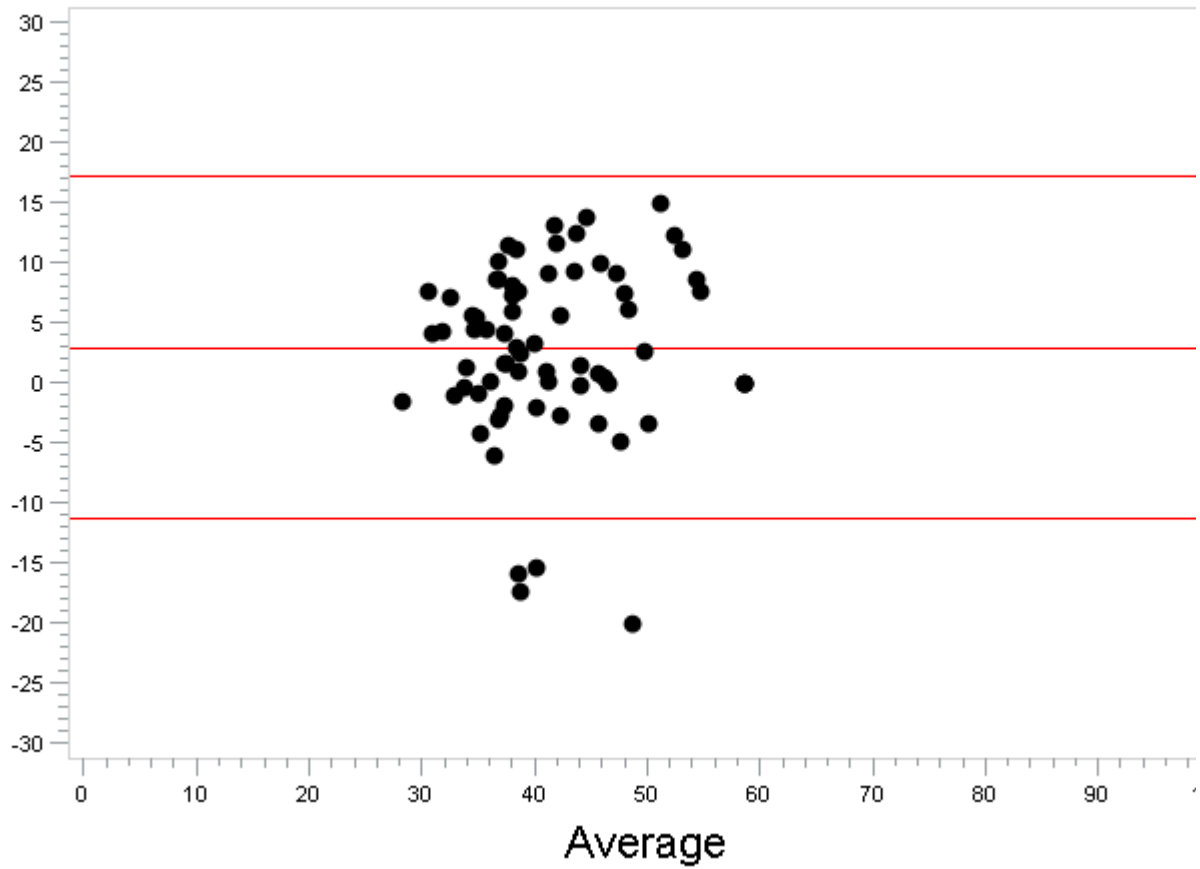
Mean Diff: -2.06



### Bland-Altman Plot

#### Lower Extremity (Mobility) - short form

Difference



UL: 17.18

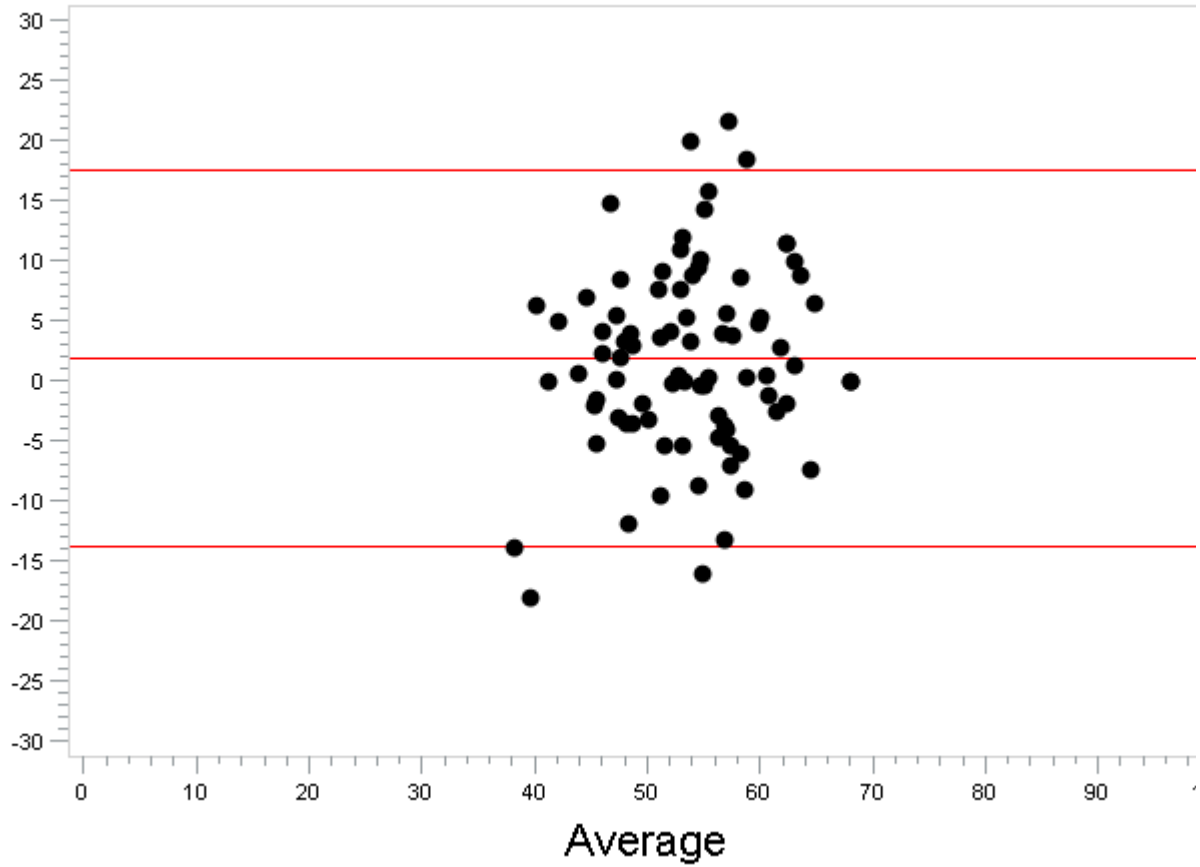
LL: -11.28

Mean Diff: 2.95

### Bland-Altman Plot

### Positive Affect and Well-Being - short form

Difference



UL: 17.54

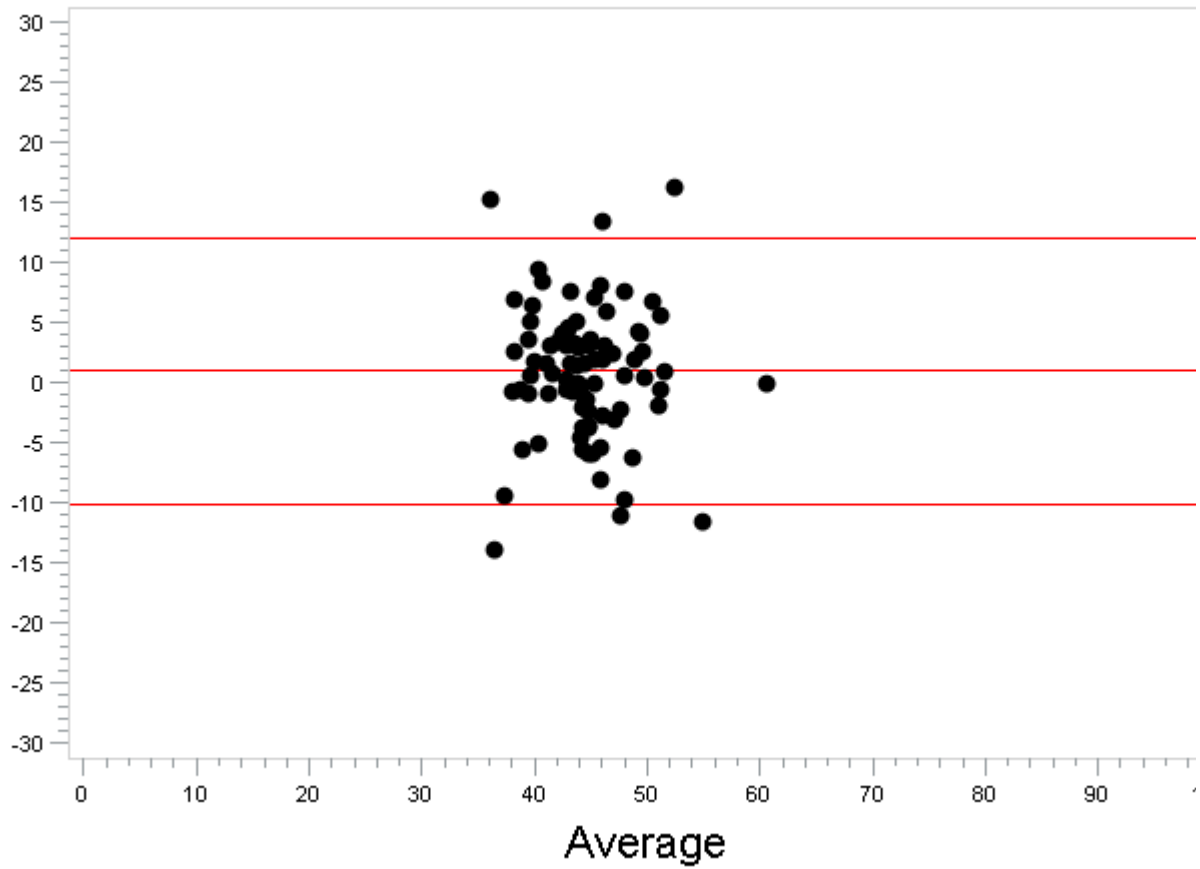
LL: -13.75

Mean Diff: 1.90

### Bland-Altman Plot

#### Satisfaction with Social Roles and Activities - short form

Difference



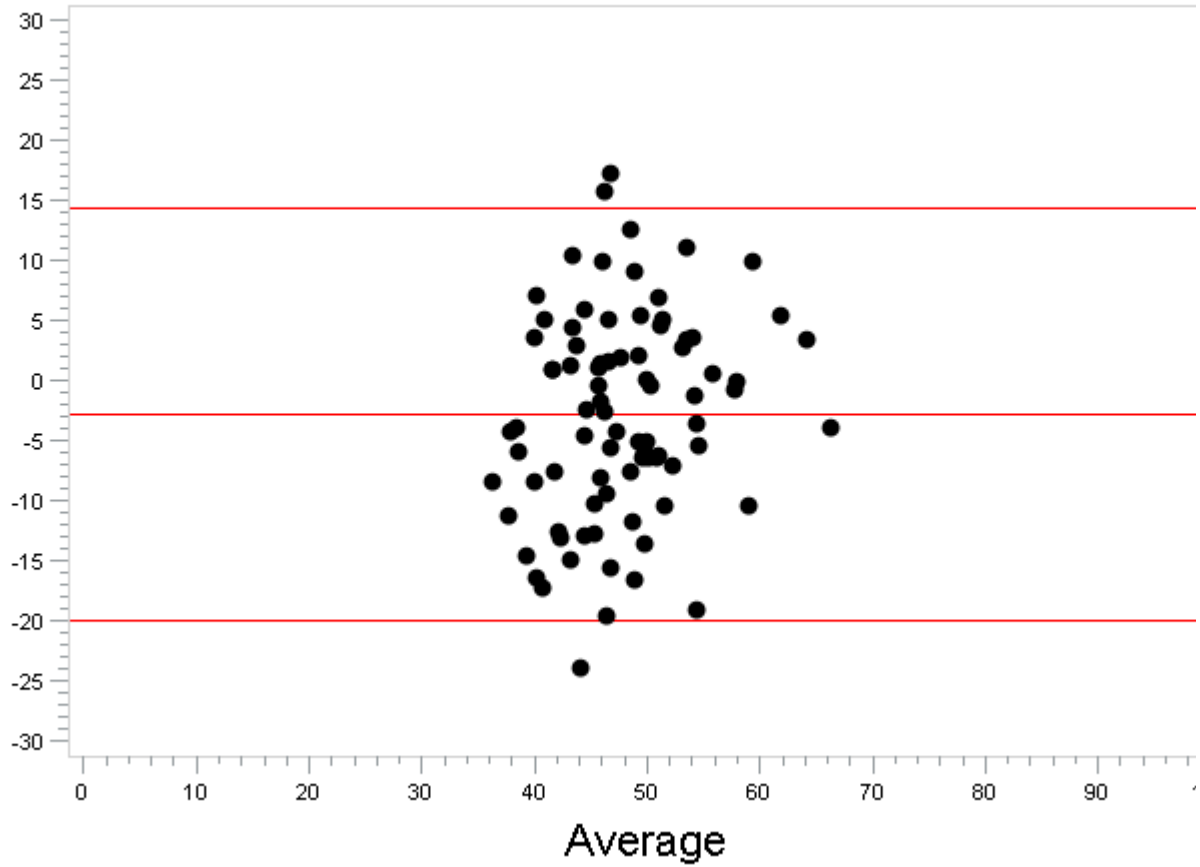
UL: 12.01

LL: -10.04

Mean Diff: 0.99

**Bland-Altman Plot**  
**Sleep Disturbance - short form**

Difference



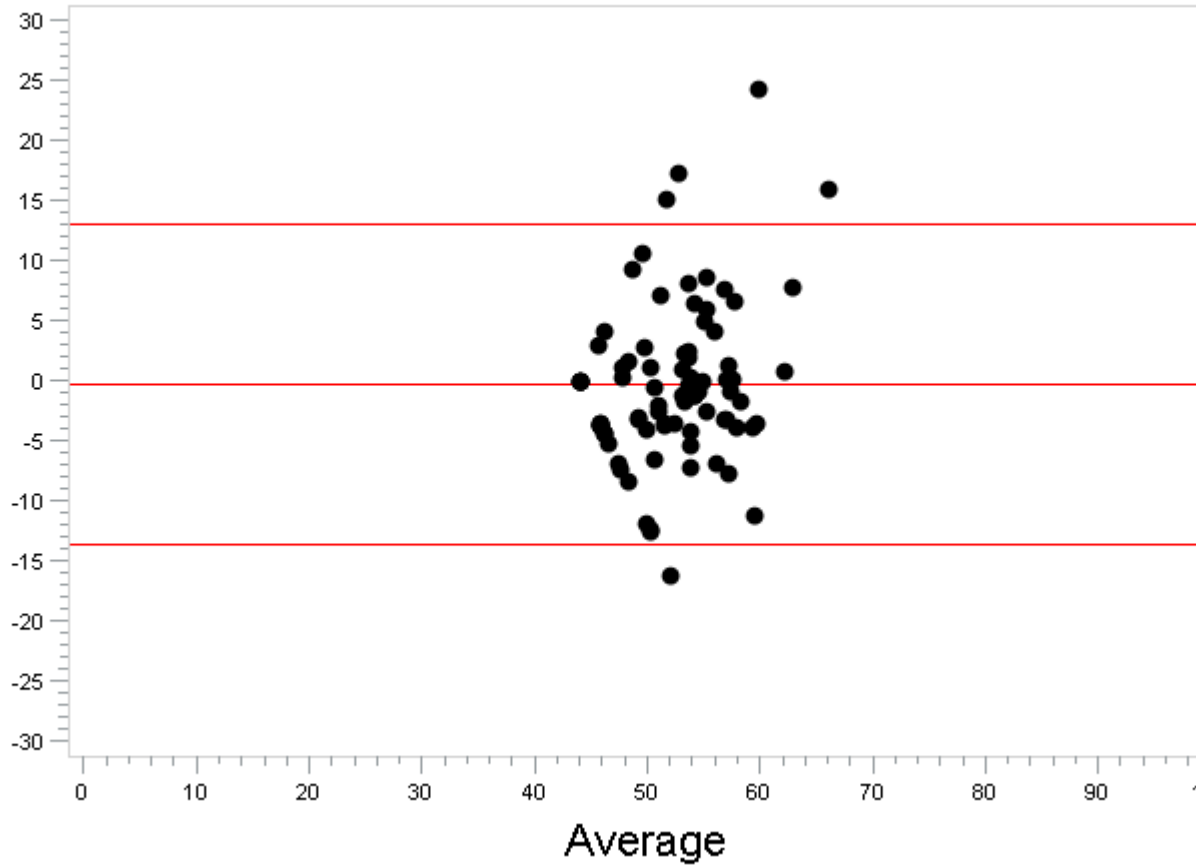
UL: 14.40

LL: -19.90

Mean Diff: -2.75

**Bland-Altman Plot**  
**Stigma - short form**

Difference



UL: 12.99

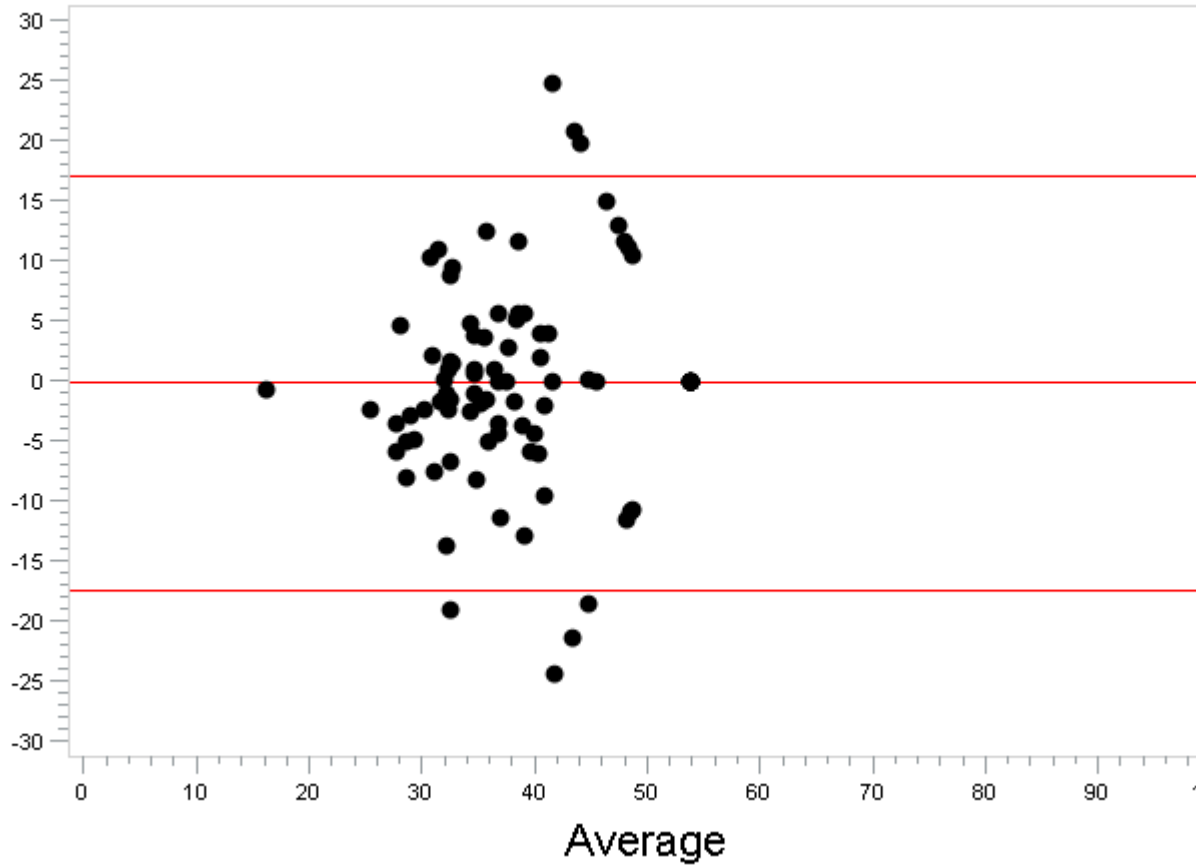
LL: -13.52

Mean Diff: -0.27

### Bland-Altman Plot

#### Upper Extremity (Fine Motor, ADL) - short form

Difference



UL: 17.12

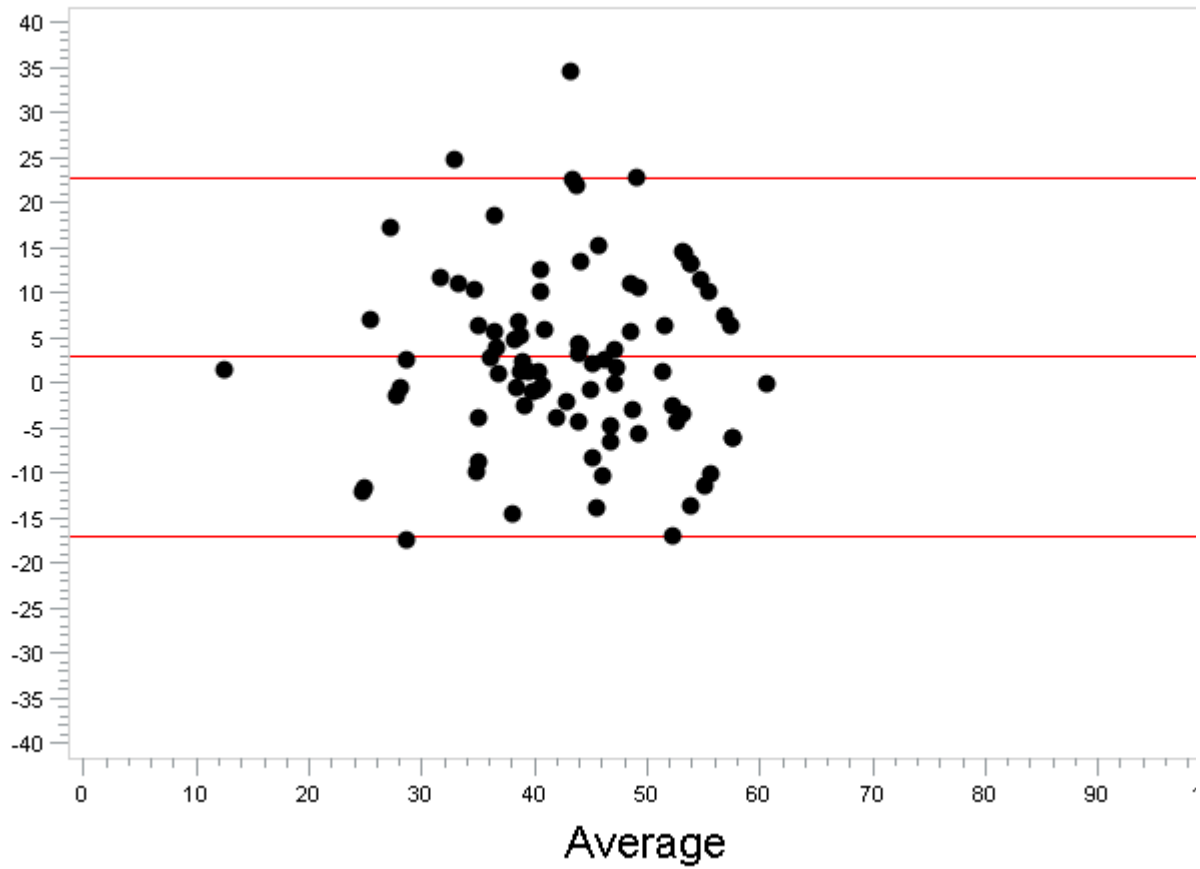
LL: -17.44

Mean Diff: -0.16

### Bland-Altman Plot

### Applied Cognition- Executive Function - extended form

Difference



UL: 22.82

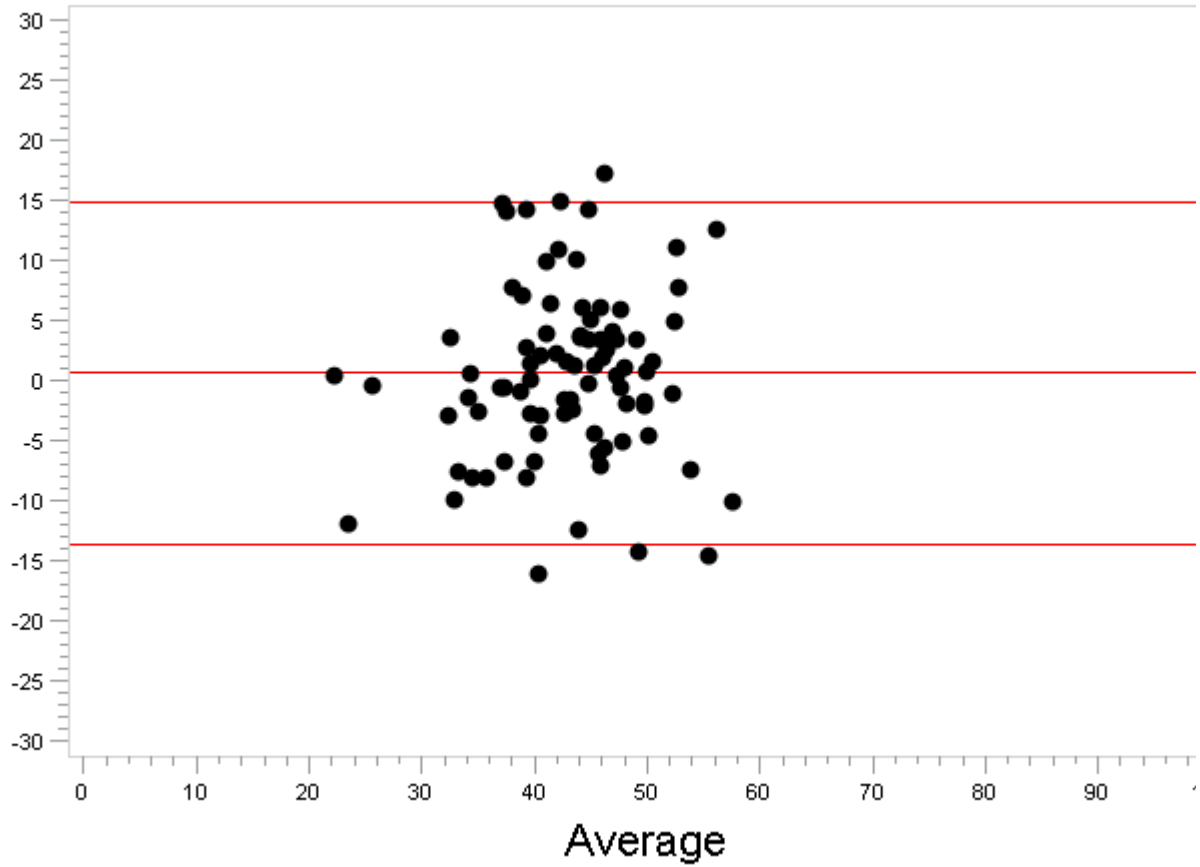
LL: -17.11

Mean Diff: 2.85

### Bland-Altman Plot

#### Applied Cognition- General Concerns - extended form

Difference



UL:14.95

LL: -13.59

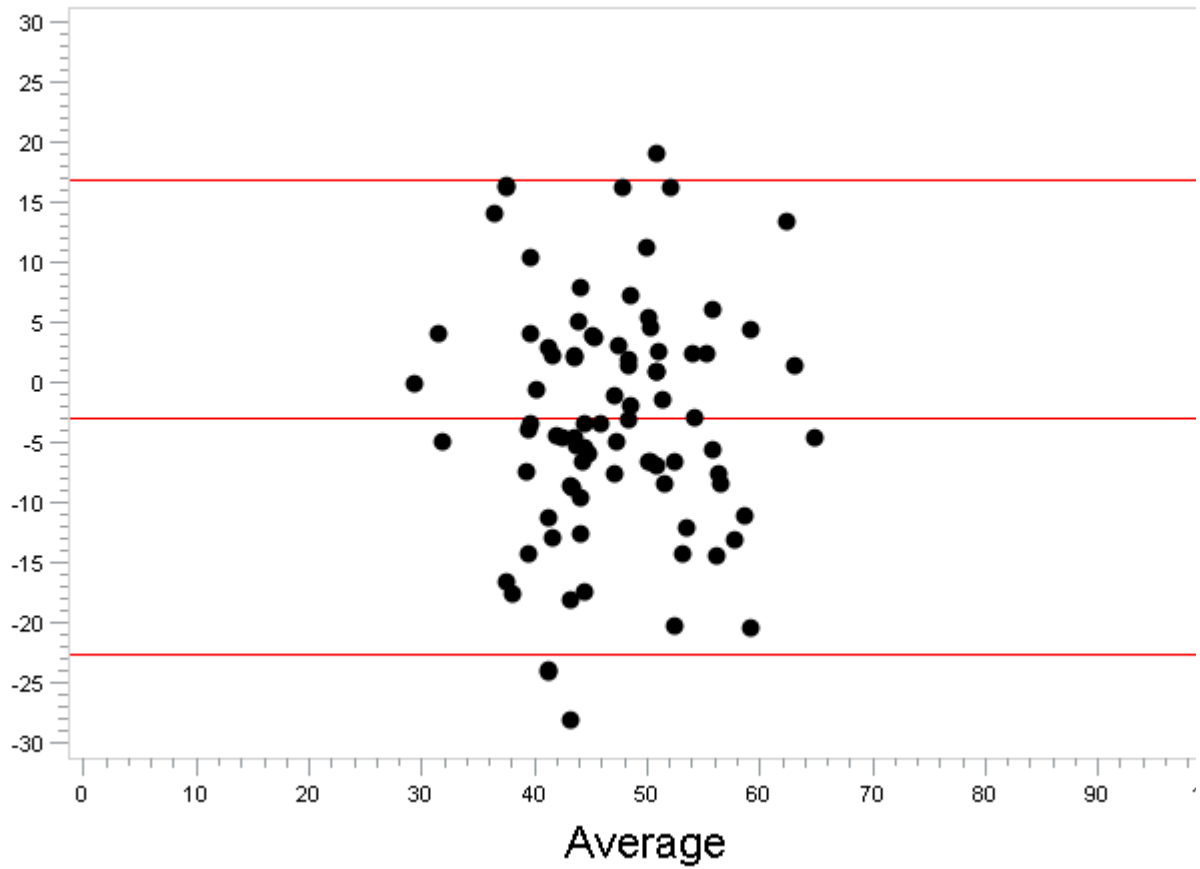
Mean Diff: 0.68



### Bland-Altman Plot

### Emotional and Behavioral Dyscontrol - extended form

Difference



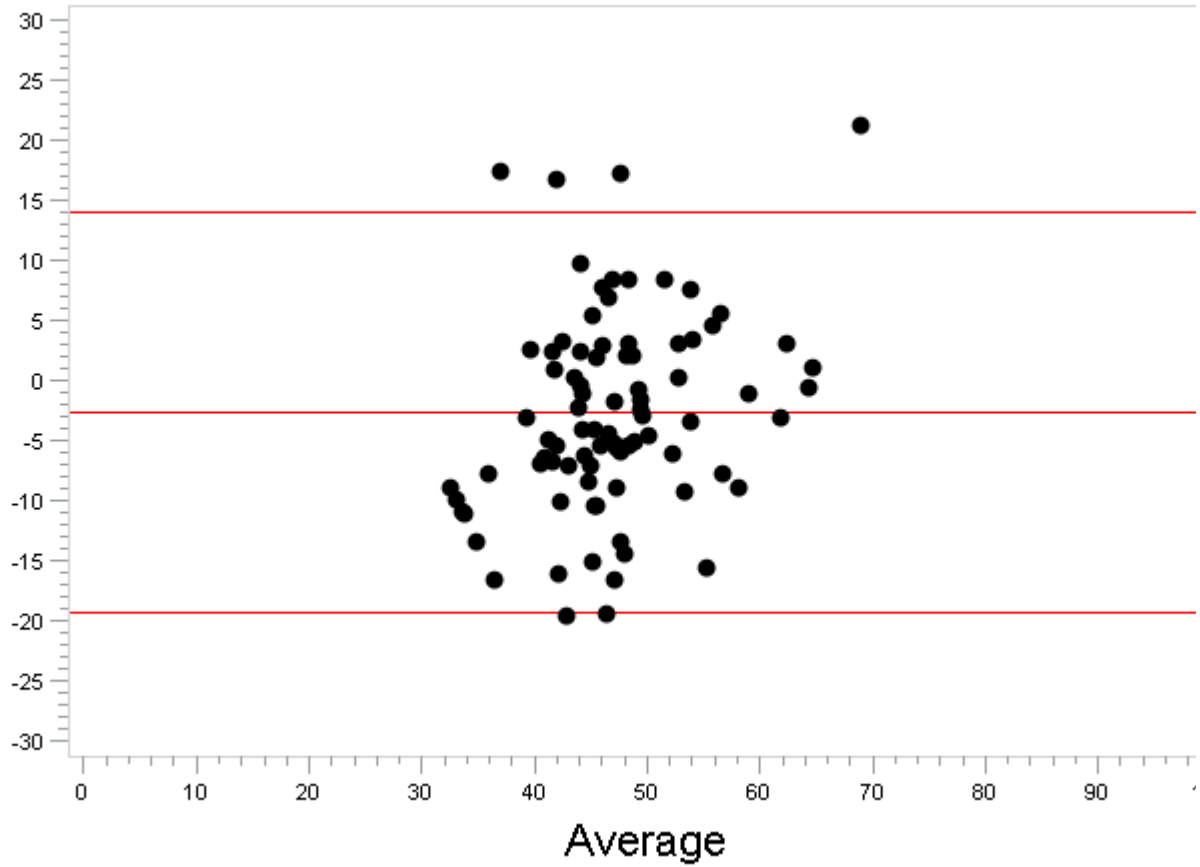
UL: 16.83

LL: -22.66

Mean Diff: -2.91

**Bland-Altman Plot**  
**Fatigue - extended form**

Difference



UL: 14.96

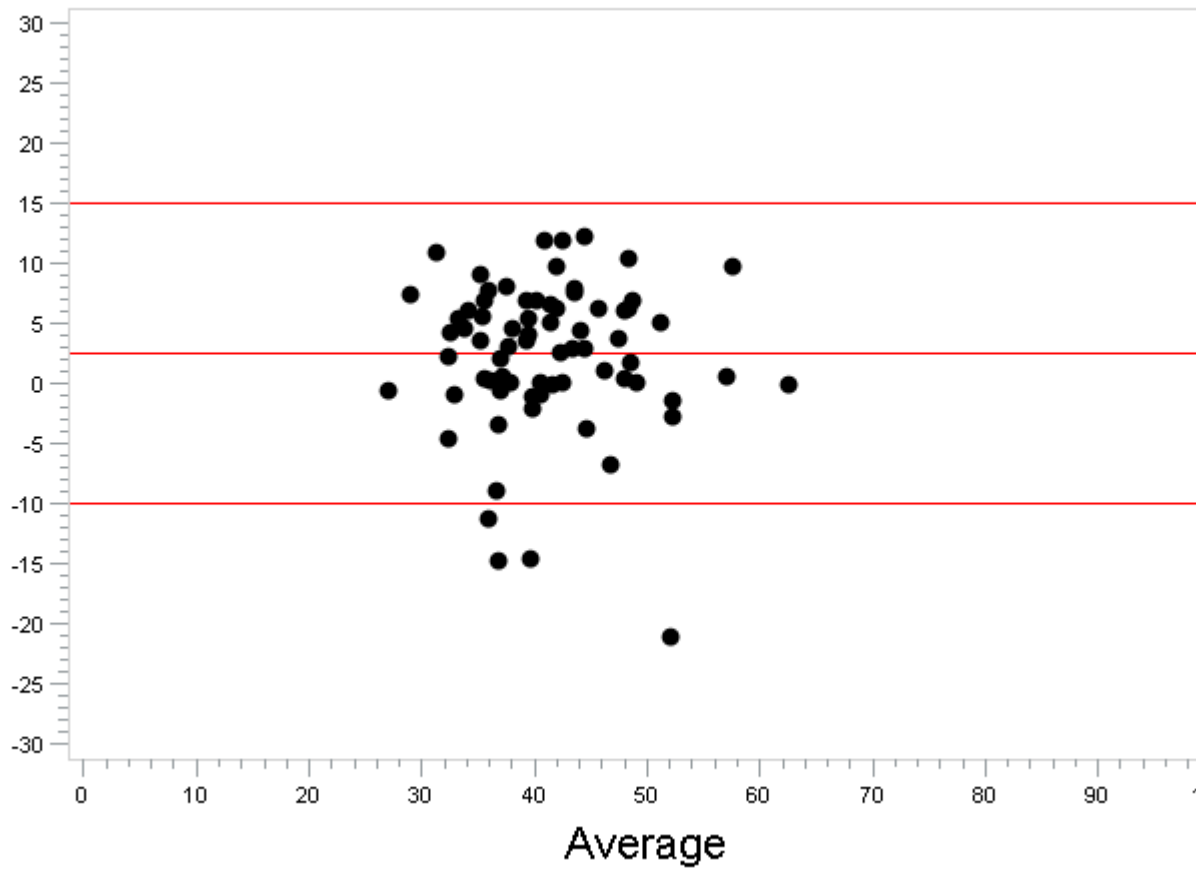
LL: -19.086

Mean Diff: -2.06

### Bland-Altman Plot

#### Lower Extremity (Mobility) - extended form

Difference



UL: 15.02

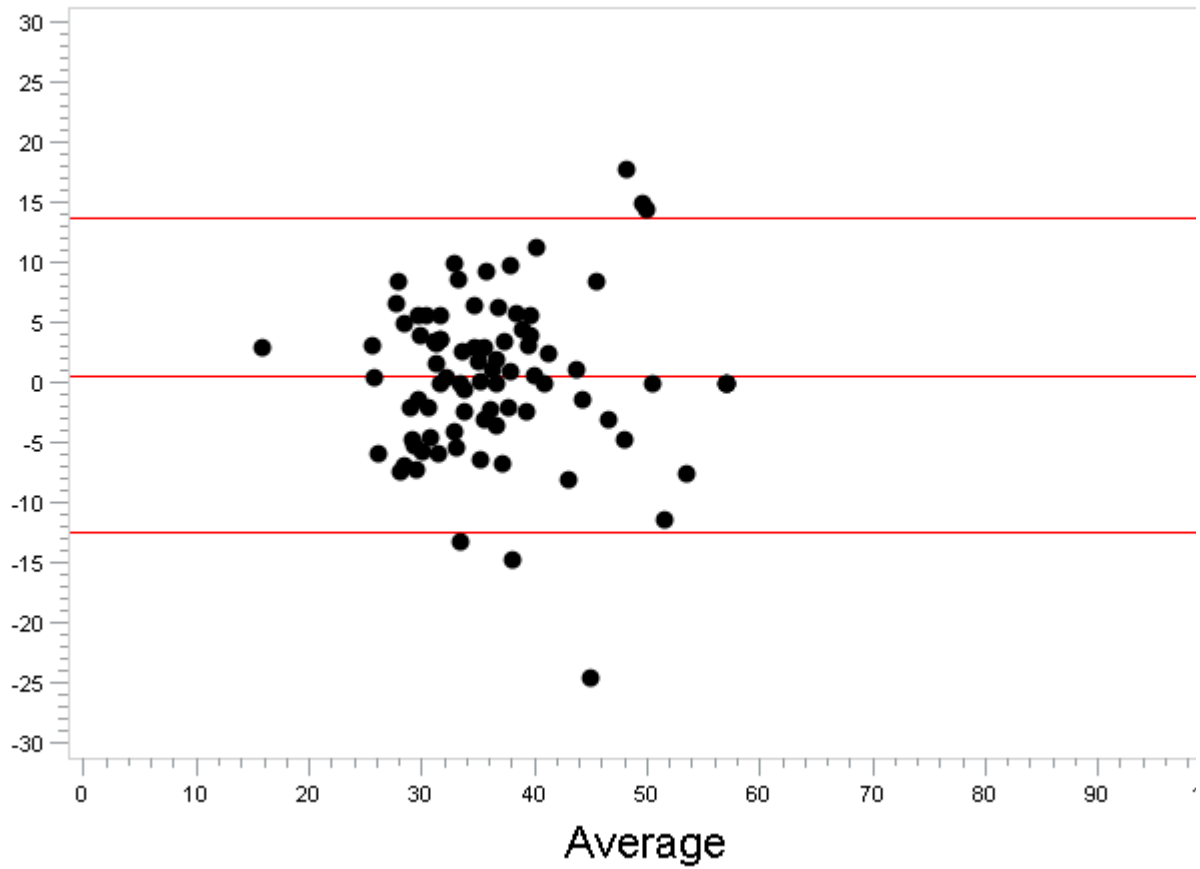
LL: -9.98

Mean Diff: 2.52

### Bland-Altman Plot

#### Upper Extremity (Fine Motor, ADL) - extended form

Difference



UL: 13.73

LL: -12.47

Mean Diff: 0.63

**Online Supplement Table S2:** Neuro-QoL Short Form Item-level Patient-Proxy Agreement for Sample of Community-Dwelling Persons with Stroke.

Kappa coefficients measure agreement based on observed response frequencies above that accounted for by chance. For rating scales with more than two options (i.e., dichotomous), kappa is weighted higher for ratings that are the same, and progressively lower for ratings that differ by larger values. Kappa values range between 0 and 1. Although the Neuro-QoL short form rating scale anchors vary, the rating scale values range from 1 to 5 (online supplement Table S1). Thus, weighted kappa coefficients are estimated from a cross-tabulation table where the patient-proxy agreement is weighted highest on the diagonal cells, and less on the off-diagonals. We have not interpreted the absolute weighted kappa values because the Neuro-QoL short forms are intended for scoring and interpretation at the summary score level. Relatively, the best agreement was observed for the item “How much DIFFICULTY do you currently have... keeping important personal papers such as bills, insurance documents and tax forms organized?” from the **Applied Cognition - Executive Function – Short Form** ( $\kappa_w=0.34$ ,  $p<0.001$ ). The poorest level of agreement was observed for numerous items that had non-significant p-values, which are reported with red text.

For each item in each of the 13 Neuro-QoL adult short forms, the table reports the item text, the number (n) of cases with patient and proxy responses, the weighted kappa ( $\kappa_w$ ) coefficients, and the corresponding p-values. Note that values reported in **red text** indicate non-significant coefficients ( $p\geq.05$ ). The short forms that have the fewest items with non-significant kappa coefficients are presented first, as follows:

**Lower Extremity Function (Mobility) – Short Form**

Item Code	Items	n	$\kappa_w$	p-value
PFC45	Are you able to get on and off the toilet?	69	.264	.002
PFA30	Are you able to step up and down curbs?	70	.245	<.001
PFA56	Are you able to get in and out of a car?	71	.158	.043
PFA45	Are you able to get out of bed into a chair?	70	.080	.251
PFA12	Are you able to push open a heavy door?	72	.126	.044
PFA53	Are you able to run errands and shop?	69	.226	<.001
PFA31	Are you able to get up off the floor from lying on your back without help?	70	.212	<.001
PFA23	Are you able to go for a walk of at least 15 minutes?	70	.255	<.001

### Applied Cognition - General Concerns – Short Form

Item Code	Items Stem: In the past 7 days...	n	K <sub>w</sub>	p-value
NQCOG64	I had to read something several times to understand it	84	.183	.003
NQCOG65	I had trouble keeping track of what I was doing if I was interrupted	83	.227	<.001
NQCOG66	I had difficulty doing more than one thing at a time	85	.152	.012
NQCOG68	I had trouble remembering new information, like phone numbers or simple instructions	83	.129	.038
NQCOG72	I had trouble thinking clearly	83	.234	.001
NQCOG75	My thinking was slow	84	.136	.034
NQCOG77	I had to work really hard to pay attention or I would make a mistake	83	.195	.002
NQCOG80	I had trouble concentrating	84	.035	.576

### Applied Cognition - Executive Function – Short Form

Item Code	Items Stem: How much DIFFICULTY do you currently have...	n	K <sub>w</sub>	p-value
NQCOG16	checking the accuracy of financial documents, (e.g., bills, checkbook, or bank statements)?	85	.276	<.001
NQCOG17	counting the correct amount of money when making purchases?	85	.187	.009
NQCOG22	reading and following complex instructions (e.g., directions for a new medication)?	84	.131	.056
NQCOG24	planning for and keeping appointments that are not part of your weekly routine, (e.g., a therapy or doctor appointment, or a social gathering with friends and family)?	84	.272	<.001
NQCOG25	managing your time to do most of your daily activities?	85	.151	.030
NQCOG27	taking care of complicated tasks like managing a checking account or getting appliances fixed?	85	.188	.003
NQCOG28	keeping important personal papers such as bills, insurance documents and tax forms organized?	84	.338	<.001
NQCOG40	learning new tasks or instructions?	82	.113	.090

### Ability to Participate in Social Roles and Activities – Short Form

Item Code	Items Stem: In the past 7 days...	n	K <sub>w</sub>	p-value
NQPRF01	I can keep up with my family responsibilities	84	.077	.197
NQPRF03	I am able to do all of my regular family activities	84	.144	.011
NQPRF08	I am able to socialize with my friends	85	.205	.002
NQPRF09	I am able to do all of my regular activities with friends	81	.133	.020
NQPRF17	I can keep up with my social commitments	82	.122	.042
NQPRF26	I am able to participate in leisure activities	84	.133	.022
NQPRF32	I am able to perform my daily routines.....	85	.064	.343
NQPRF34	I can keep up with my work responsibilities (include work at home)	80	.185	.002

### Depression – Short Form

Item Code	Items Stem: In the past 7 days...	n	K <sub>w</sub>	p-value
EDDEP29	I felt depressed	84	.200	.002
EDDEP41	I felt hopeless	84	.130	.064
EDDEP09	I felt that nothing could cheer me up	84	.179	.011
EDDEP48	I felt that my life was empty	83	.186	.007
EDDEP04	I felt worthless	84	.177	.011
EDDEP36	I felt unhappy	85	.033	.608
EDDEP39	I felt I had no reason for living	84	.170	.008
EDDEP45	I felt that nothing was interesting	85	.203	.004

### Upper Extremity Function (Fine Motor, ADL) – Short Form

Item Code	Items No Stem	n	K <sub>w</sub>	p-value
PFA40	Are you able to turn a key in a lock?	84	.263	<.001
PFA50	Are you able to brush your teeth?	84	.096	.229
NQUEX44	Are you able to make a phone call using a touch tone keypad?	85	.105	.210
PFB21	Are you able to pick up coins from a table top?	83	.121	.102
PFA43	Are you able to write with a pen or pencil?	85	.216	.002
PFA35	Are you able to open and close a zipper?...	84	.223	<.001
PFA55	Are you able to wash and dry your body?	85	.276	<.001
PFB26	Are you able to shampoo your hair	86	.239	<.001

### Stigma – Short Form

Item Code	Items Stem: Lately...	n	K <sub>w</sub>	p-value
NQSTG02	Because of my illness, some people avoided me	84	.055	.426
NQSTG04	Because of my illness, I felt left out of things	84	.088	.170
NQSTG 08	Because of my illness, people avoided looking at me	83	.298	<.001
NQSTG 16	I felt embarrassed about my illness	83	.206	.003
NQSTG 01	Because of my illness, some people seemed uncomfortable with me	84	.219	.002
NQSTG 17	I felt embarrassed because of my physical limitations	84	.151	.015
NQSTG05	Because of my illness, people were unkind to me	84	.123	.133
NQSTG21	Some people acted as though it was my fault I have this illness	84	.279	<.001

### Sleep Disturbance – Short Form

Item Code	Items Stem: In the past 7 days...	n	K <sub>w</sub>	p-value
NQSLP02	I had to force myself to get up in the morning	85	.020	.751
NQSLP03	I had trouble stopping my thoughts at bedtime	84	.062	.350
NQSLP04	I was sleepy during the daytime	85	.111	.057
NQSLP05	I had trouble sleeping because of bad dreams	84	.234	.004
NQSLP07	I had difficulty falling asleep	85	.173	.008
NQSLP12	Pain woke me up	85	.241	.001
NQSLP13	I avoided or cancelled activities with my friends because I was tired from having a bad night's sleep	83	.270	.001
NQSLP18	I felt physically tense during the middle of the night or early morning hours	84	.095	.207

### Positive Affect and Well-Being – Short Form

Item Code	Items Stem: Lately...	n	K <sub>w</sub>	p-value
NQPPF14	I had a sense of well-being	84	.096	.126
NQPPF12	I felt hopeful	84	.112	.097
NQPPF15	My life was satisfying	84	.077	.225
NQPPF20	My life had purpose	83	.153	.025
NQPPF17	My life had meaning	84	.198	.004
NQPPF22	I felt cheerful	83	.070	.270
NQPPF19	My life was worth living	83	.155	.031
NQPPF16	I had a sense of balance in my life	83	.040	.505
NQPPF07	Many areas of my life were interesting to me	83	.109	.086



### Satisfaction with Social Roles and Activities – Short Form

Item Code	Items Stem: In the past 7 days...	n	K <sub>w</sub>	p-value
NQSAT 03	I am bothered by my limitations in regular family activities	83	.063	.275
NQSAT 23	I am disappointed in my ability to socialize with my family	84	.027	.678
NQSAT14	I am bothered by limitations in my regular activities with friends	83	.107	.062
NQSAT11	I am disappointed in my ability to meet the needs of my friends	83	.184	.003
SRPSAT33	I am satisfied with my ability to do things for fun outside my home	83	.095	.060
SRPSAT05	I am satisfied with the amount of time I spend doing leisure activities	83	.025	.656
SRPSAT07	I am satisfied with how much of my work I can do (include work at home)	85	.145	.008
NQSAT 46	I am satisfied with my ability to do household chores or tasks	84	.010	.857

### Fatigue – Short Form

Item Code	Items Stem: In the past 7 days...	n	K <sub>w</sub>	p-value
NQFTG13	I felt exhausted	85	.021	.733
NQFTG11	I felt that I had no energy	85	.100	.091
NQFTG15	I felt fatigued	81	.166	.006
NQFTG06	I was too tired to do my household chores.	79	.085	.003
NQFTG07	I was too tired to leave the house	81	.119	.063
NQFTG10	I was frustrated by being too tired to do the things I wanted to do	85	.060	.320
NQFTG14	I felt tired	84	.060	.297
NQFTG02	I had to limit my social activity because I was tired	84	.116	.055

### Anxiety – Short Form

Item Code	Items Stem: In the past 7 days...	n	K <sub>w</sub>	p-value
EDANX53	I felt uneasy	85	.042	.493
EDANX46	I felt nervous	84	.029	.646
EDANX48	Many situations made me worry	85	.063	.311
EDANX41	My worries overwhelmed me	82	.120	.078
EDANX54	I felt tense	83	.137	.075
EDANX55	I had difficulty calming down	83	.111	.096
EDANX18	I had sudden feelings of panic	84	.176	.019
NQANX07	I felt nervous when my normal routine was disturbed	83	.110	.099

### Emotional and Behavioral Dyscontrol – Short Form

Item Code	Items Stem: In the past 7 days...	n	K <sub>w</sub>	p-value
EDANG42	I had trouble controlling my temper	85	.095	.173
NQPER05	It was hard to control my behavior	85	.116	.149
NQPER06	I said or did things without thinking	85	.032	.642
NQPER07	I got impatient with other people	85	.054	.415
NQPER11	I was irritable around other people	84	.055	.467
NQPER12	I was bothered by little things	83	.176	.010
NQPER17	I became easily upset	85	.041	.532
NQPER19	I was in conflict with others	83	.077	.287

## Applied Cognition - Executive Function – Short Form

Please respond to each question or statement by marking one box per row.

**How much DIFFICULTY do you currently have...**

		None	A little	Somewhat	A lot	Cannot do
NQCOG16	checking the accuracy of financial documents, (e.g., bills, checkbook, or bank statements)?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG17	counting the correct amount of money when making purchases?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG22	reading and following complex instructions (e.g., directions for a new medication)?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG24	planning for and keeping appointments that are not part of your weekly routine, (e.g., a therapy or doctor appointment, or a social gathering with friends and family)?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG25	managing your time to do most of your daily activities?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG27	taking care of complicated tasks like managing a checking account or getting appliances fixed?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG28	keeping important personal papers such as bills, insurance documents and tax forms organized?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG40	learning new tasks or instructions?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

## Applied Cognition - General Concerns – Short Form

Please respond to each question or statement by marking one box per row.

In the past 7 days...		Never	Rarely (once)	Sometimes (2-3 times)	Often (once a day)	Very often (several times a day)
NQCOG64	I had to read something several times to understand it.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG65	I had trouble keeping track of what I was doing if I was interrupted.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG66	I had difficulty doing more than one thing at a time.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG68	I had trouble remembering new information, like phone numbers or simple instructions.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG72	I had trouble thinking clearly.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG75	My thinking was slow.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG77	I had to work really hard to pay attention or I would make a mistake.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQCOG80	I had trouble concentrating.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

## Anxiety – Short Form

Please respond to each question or statement by marking one box per row.

	In the past 7 days...	Never	Rarely	Sometimes	Often	Always
EDANX53	I felt uneasy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX46	I felt nervous.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX48	Many situations made me worry.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX41	My worries overwhelmed me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX54	I felt tense.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX55	I had difficulty calming down.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDANX18	I had sudden feelings of panic.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQANX07	I felt nervous when my normal routine was disturbed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Depression – Short Form

Please respond to each question or statement by marking one box per row.

	In the past 7 days...	Never	Rarely	Sometimes	Often	Always
EDDEP29	I felt depressed.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP41	I felt hopeless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP09	I felt that nothing could cheer me up.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP48	I felt that my life was empty.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP04	I felt worthless.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP36	I felt unhappy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP39	I felt I had no reason for living.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
EDDEP45	I felt that nothing was interesting.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Emotional and Behavioral Dyscontrol – Short Form

Please respond to each question or statement by marking one box per row.

<b>In the past 7 days...</b>		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
EDANG42	I had trouble controlling my temper.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPER05	It was hard to control my behavior.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPER06	I said or did things without thinking.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPER07	I got impatient with other people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPER11	I was irritable around other people.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPER12	I was bothered by little things.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPER17	I became easily upset.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPER19	I was in conflict with others.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Fatigue – Short Form

Please respond to each question or statement by marking one box per row.

<b>In the past 7 days...</b>		<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
NQFTG13	I felt exhausted.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQFTG11	I felt that I had no energy.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQFTG15	I felt fatigued.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQFTG06	I was too tired to do my household chores.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQFTG07	I was too tired to leave the house.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQFTG10	I was frustrated by being too tired to do the things I wanted to do.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQFTG14	I felt tired.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQFTG02	I had to limit my social activity because I was tired.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5



## Lower Extremity Function (Mobility) – Short Form

Please respond to each question or statement by marking one box per row.

		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PFA45	Are you able to get on and off the toilet?...	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA30	Are you able to step up and down curbs?...	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA56	Are you able to get in and out of a car?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA45	Are you able to get out of bed into a chair?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA12	Are you able to push open a heavy door?..	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA53	Are you able to run errands and shop?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA31	Are you able to get up off the floor from lying on your back without help?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA23	Are you able to go for a walk of at least 15 minutes?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

## Positive Affect and Well-Being - Short Form

Please respond to each question or statement by marking one box per row.

	<b>Lately...</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Always</b>
NQPPF14	I had a sense of well-being.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPPF12	I felt hopeful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPPF15	My life was satisfying.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPPF20	My life had purpose.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPPF17	My life had meaning.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPPF22	I felt cheerful.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPPF19	My life was worth living.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPPF16	I had a sense of balance in my life.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPPF07	Many areas of my life were interesting to me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Satisfaction with Social Roles and Activities – Short Form

Please respond to each question or statement by marking one box per row.

<b>In the past 7 days...</b>		<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
NQSAT 03	I am bothered by my limitations in regular family activities .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQSAT 23	I am disappointed in my ability to socialize with my family.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQSAT14	I am bothered by limitations in my regular activities with friends.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQSAT11	I am disappointed in my ability to meet the needs of my friends .....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

<b>In the past 7 days...</b>		<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
SRPSAT33	I am satisfied with my ability to do things for fun outside my home.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SRPSAT05	I am satisfied with the amount of time I spend doing leisure activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SRPSAT07	I am satisfied with how much of my work I can do (include work at home).....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSAT 46	I am satisfied with my ability to do household chores or tasks.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Ability to Participate in Social Roles and Activities – Short Form

Please respond to each question or statement by marking one box per row.

In the past 7 days...		Never	Rarely	Sometimes	Often	Always
NQPRF01	I can keep up with my family responsibilities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPRF03	I am able to do all of my regular family activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPRF08	I am able to socialize with my friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPRF09	I am able to do all of my regular activities with friends.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPRF17	I can keep up with my social commitments.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPRF26	I am able to participate in leisure activities.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPRF32	I am able to perform my daily routines.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQPRF34	I can keep up with my work responsibilities (include work at home)....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Sleep Disturbance

Please respond to each question or statement by marking one box per row.

In the past 7 days...		Never	Rarely	Sometimes	Often	Always
NQSLP02	I had to force myself to get up in the morning.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSLP03	I had trouble stopping my thoughts at bedtime.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSLP04	I was sleepy during the daytime.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSLP05	I had trouble sleeping because of bad dreams.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSLP07	I had difficulty falling asleep.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSLP12	Pain woke me up.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSLP13	I avoided or cancelled activities with my friends because I was tired from having a bad night's sleep.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSLP18	I felt physically tense during the middle of the night or early morning hours.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

## Upper Extremity Function (Fine Motor, ADL) – Short Form

Please respond to each question or statement by marking one box per row.

		Without any difficulty	With a little difficulty	With some difficulty	With much difficulty	Unable to do
PFA40	Are you able to turn a key in a lock?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA50	Are you able to brush your teeth?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
NQUEX44	Are you able to make a phone call using a touch tone key-pad?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFB21	Are you able to pick up coins from a table top?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA43	Are you able to write with a pen or pencil?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA35	Are you able to open and close a zipper?...	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFA55	Are you able to wash and dry your body?..	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
PFB26	Are you able to shampoo your hair?.....	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

## Stigma-Short Form

Please respond to each question or statement by marking one box per row.

	Lately...	Never	Rarely	Sometimes	Often	Always
NQSTG02	Because of my illness, some people avoided me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSTG04	Because of my illness, I felt left out of things.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSTG 08	Because of my illness, people avoided looking at me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSTG 16	I felt embarrassed about my illness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSTG 01	Because of my illness, some people seemed uncomfortable with me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSTG 17	I felt embarrassed because of my physical limitations.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSTG05	Because of my illness, people were unkind to me .....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NQSTG21	Some people acted as though it was my fault I have this illness.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5