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Unit in Economic
Evaluation of
Health & Care
Interventions

**Policy Research Unit in Economic Evaluation
of Health & Care Interventions (EEPRU)**

APPENDIX 2: MEASURES USED IN EMPIRICAL COMPARISON OF WELL-BEING MEASURES USED IN UK GENERAL POPULATION SURVEYS

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Report 027

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ONS subjective well-being overview questions (ONS-4)

On a scale of 0 to 10 where '0' means 'not at all' and '10' is 'completely':

Overall, how satisfied are you with your life nowadays?

Overall, how happy did you feel yesterday?

Overall, how anxious did you feel yesterday?

Overall, to what extent do you feel the things you do in your life are worthwhile?

HIPO positive and negative SWB questions

This section asks about your feelings on aspects of your life. There are no right or wrong answers. For each question please give an answer by ticking on the scale of 0 to 10 below it, where 0 is 'not at all' and 10 is 'completely'.

Overall, how content are you feeling today?

Overall, how tired are you feeling today?

Overall, how lonely are you feeling today?

Overall, how angry are you feeling today?

Overall, how bored are you feeling today?

0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Not at all											Completely

The questions below are 6 statements with which you may agree or disagree. Thinking about your life nowadays, for each question please give an answer by ticking on the scale of 0 to 10 below it, where 0 is 'strongly disagree' and 10 is 'strongly agree'.

I can do the things I want to do.

I am looking forward to tomorrow.

My social relationships are supportive.

I actively contribute to the happiness and well-being of others.

I spend most of my time doing things I enjoy.

My life is going well.

0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strongly disagree								Strongly agree		

WB-VAS

We would like to know how good or bad your **life** is **TODAY**.

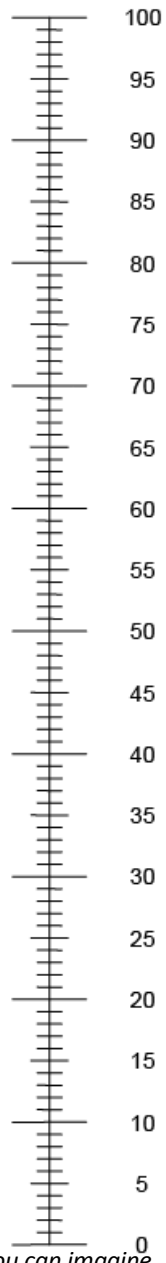
This scale below is numbered from 0 to 100.

100 means the best **life** you can imagine.

0 means the worst **life** you can imagine.

Mark an **X** on the scale to indicate how your life is **TODAY**.

*The best **life** you can imagine*



*The worst **life** you can imagine*

Please write the number you marked on the above scale in the following box.

AQoL positive and negative SWB questions from mental health, happiness, coping and relationship dimensions

How enthusiastic do you feel?

extremely, very, somewhat, 'not much', 'not at all'

How often do you feel happy?

'all the time', mostly, sometimes, 'almost never', never

How much do you enjoy your close relationships (family and friends)?

immensely, 'a lot', 'a little', 'not much', 'I hate it'

How often do you feel pleasure?

'all the time', usually, sometimes, 'almost never', never

How often do you feel in control of your life?

always, mostly, sometimes, 'only occasionally' never

How content are you with your life?

extremely, mainly, moderately, slightly, 'not at all'

How often did you feel in despair over the last seven days?

never, occasionally, sometimes, often, 'all the time'

And still thinking about the last seven days, how often did you feel worried?

never, occasionally, sometimes, often, 'all the time'

How often do you feel socially isolated?

never, rarely, sometimes, often, always

How often do you feel depressed?

never, 'almost never', sometimes, often, 'very often', 'all the time'

How often do you feel angry?

never, 'almost never', sometimes, often, 'all the time'

How often do you feel sad?

never, rarely, 'some of the time', usually, 'nearly all the time'

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General Health Questionnaire 12 (QH12)

We want to know how your health has been in general over the last few weeks. Please read the questions below and each of the four possible answers. Circle the response that best applies to you. Thank you for answering all the questions.

Have you recently:

1. been able to concentrate on what you're doing?
better than usual, same as usual, less than usual, much less than usual
2. lost much sleep over worry?
not at all, no more than usual, rather more than usual, much more than usual
3. felt that you are playing a useful part in things?
more so than usual, same as usual, less so than usual, much less than usual
4. felt capable of making decisions about things?
more so than usual, same as usual, less so than usual, much less than usual
5. felt constantly under strain?
not at all, no more than usual, rather more than usual, much more than usual
6. felt you couldn't overcome your difficulties?
not at all, no more than usual, rather more than usual, much more than usual
7. been able to enjoy your normal day to day activities?
more so than usual, same as usual, less so than usual, much less than usual
8. been able to face up to your problems?
more so than usual, same as usual, less so than usual, much less than usual
9. been feeling unhappy or depressed?
not at all, no more than usual, rather more than usual, much more than usual
10. been losing confidence in yourself?
not at all, no more than usual, rather more than usual, much more than usual
11. been thinking of yourself as a worthless person?
not at all, no more than usual, rather more than usual, much more than usual
12. been feeling reasonably happy, all things considered?
not at all, no more than usual, rather more than usual, much more than usual

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The Full Warwick Edinburgh Mental Well-Being Scale (WEMWBS)

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

"Warwick Edinburgh Mental Well-Being Scale (WEMWBS)

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The Short Warwick-Edinburgh Mental Well-being Scale (S-WEMWBS)

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5

"Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)

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ICECAP-O

ABOUT YOUR QUALITY OF LIFE

By placing a tick (✓) in ONE box in EACH group below, please indicate which statement best describes your quality of life at the moment.

1. Love and Friendship *please tick only one box*

- I can have all of the love and friendship that I want
- I can have a lot of the love and friendship that I want
- I can have a little of the love and friendship that I want
- I cannot have any of the love and friendship that I want

2. Thinking about the future *please tick only one box*

- I can think about the future without any concern
- I can think about the future with only a little concern
- I can only think about the future with some concern
- I can only think about the future with a lot of concern

3. Doing things that make you feel valued *please tick only one box*

- I am able to do all of the things that make me feel valued
- I am able to do many of the things that make me feel valued
- I am able to do a few of the things that make me feel valued
- I am unable to do any of the things that make me feel valued

4. Enjoyment and pleasure *please tick only one box*

- I can have all of the enjoyment and pleasure that I want
- I can have a lot of the enjoyment and pleasure that I want
- I can have a little of the enjoyment and pleasure that I want
- I cannot have any of the enjoyment and pleasure that I want

5. Independence *please tick only one box*

- I am able to be completely independent
- I am able to be independent in many things
- I am able to be independent in a few things
- I am unable to be at all independent

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ICECAP-A

ABOUT YOUR OVERALL QUALITY OF LIFE

Please indicate which statements best describe your overall quality of life at the moment by placing a tick in ONE box for each of the five groups below.

1. Feeling settled and secure

- I am able to feel settled and secure in all areas of my life
- I am able to feel settled and secure in many areas of my life
- I am able to feel settled and secure in a few areas of my life
- I am unable to feel settled and secure in any areas of my life

2. Love, friendship and support

- I can have a lot of love, friendship and support
- I can have quite a lot of love, friendship and support
- I can have a little love, friendship and support
- I cannot have any love, friendship and support

3. Being independent

- I am able to be completely independent
- I am able to be independent in many things
- I am able to be independent in a few things
- I am unable to be at all independent

4. Achievement and progress

- I can achieve and progress in all aspects of my life
- I can achieve and progress in many aspects of my life
- I can achieve and progress in a few aspects of my life
- I cannot achieve and progress in any aspects of my life

5. Enjoyment and pleasure

- I can have a lot of enjoyment and pleasure
- I can have quite a lot of enjoyment and pleasure
- I can have a little enjoyment and pleasure
- I cannot have any enjoyment and pleasure

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The Adult Social Care Outcome Toolkit (ASCOT)

Domain level

Accommodation cleanliness and comfort

1. My home is as clean and comfortable as I want
 2. My home is adequately clean and comfortable
 3. My home is not quite clean or comfortable enough
 4. My home is not at all clean or comfortable
-

Safety

1. I feel as safe as I want
 2. Generally I feel adequately safe, but not as safe as I would like
 3. I feel less than adequately safe
 4. I don't feel at all safe
-

Food and drink

1. I get all the food and drink I like when I want
 2. I get adequate food and drink at OK times
 3. I don't always get adequate or timely food and drink
 4. I don't always get adequate or timely food and drink, and I think there is a risk to my health
-

Personal care

1. I feel clean and am able to present myself the way I like
 2. I feel adequately clean and presentable
 3. I feel less than adequately clean or presentable
 4. I don't feel at all clean or presentable
-

Control over daily life

1. I have as much control over my daily life as I want
 2. I have adequate control over my daily life
 3. I have some control over my daily life, but not enough
 4. I have no control over my daily life
-

Social participation and involvement

1. I have as much social contact as I want with people I like
 2. I have adequate social contact with people
 3. I have some social contact with people, but not enough
 4. I have little social contact with people and feel socially isolated
-

Dignity

1. The way I'm helped and treated makes me think and feel better about myself
 2. The way I'm helped and treated does not affect the way I think or feel about myself
 3. The way I'm helped and treated sometimes undermines the way I think and feel about myself
 4. The way I'm helped and treated completely undermines the way I think and feel about myself
-

Occupation and employment

1. I'm able to spend my time as I want, doing things I value or enjoy
 2. I'm able to do enough of the things I value or enjoy with my time
 3. I do some of the things I value or enjoy with my time, but not enough
 4. I don't do anything I value or enjoy with my time
-

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Life satisfaction in Usoc and BHPS

How dissatisfied or satisfied are you with your life overall?

Responses are on a 1 to 7 scale where 1=not satisfied at all (BHPS)/completely dissatisfied (USoc) and 7=completely satisfied

Happiness in HSE

Taking all things together, on a scale of 0 to 10, how happy would you say you are?

Here 0 means you are very unhappy and 10 means you are very happy.

EUROQOL[®] health questionnaire – EQ-5D-3L and EQ-VAS

The following questions ask about your health in general. There are five groups of statements, each covering a different aspect of health. Please tick one statement in each group to show the statement which best describes your own health state TODAY.

Mobility

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Self-care

- I have no problems with self-care
- I have some 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 with performing my usual activities
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

Pain and discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

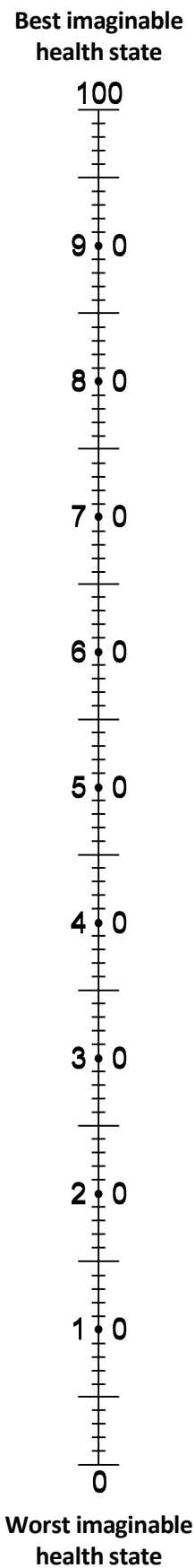
Anxiety/Depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

6. To help people say how good or bad their health is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you can imagine is marked by 0.

We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by **drawing a line** from the box below to whichever point on the scale indicates how good or bad your current health state is.

My current health state is:
(start your line in this box)



Worst imaginable health state

EUROQOL[®] health questionnaire – EQ-5D-5L

This section asks about your health today. For each question below, please tick **only one** box which best describes your health today. Please ensure that you answer **all five** questions on this page.

1. **Mobility** - please tick only one box

- 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

2. **Self-care** - please tick only one box

- 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

3. **Usual Activities** e.g. work, study, housework, family or leisure activities - please tick only one box

- 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

4. **Pain / Discomfort** - please tick only one box

- 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

5. **Anxiety / Depression** - please tick only one box

- 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

6. We would like to know how good or bad your **health** is **TODAY**.

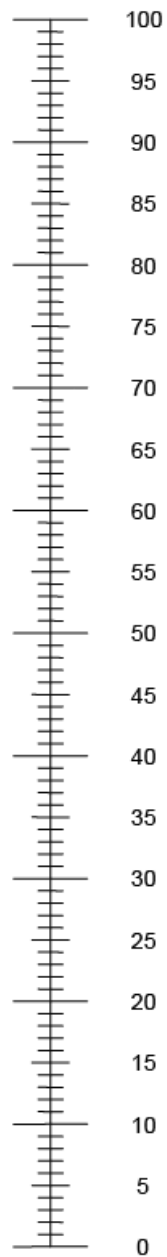
This scale below is numbered from 0 to 100.

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**.

*The best **health** you can imagine*



*The worst **health** you can imagine*

Please write the number you marked on the above scale in the following box.

SF-12 items

This section asks for views about your overall health over the **past week**. For each of the following questions, please tick one box that best describes your answer.

In general, would you say your health is:

Excellent, Very good, Good, Fair, Poor

The following questions are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

- a) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
- b) Climbing several flights of stairs

Yes, limited a lot, Yes, limited a little No, not limited at all

During the past week, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

- a) Accomplished less than you would like
- b) Were limited in the kind of work or other activities

All of the time, Most of the time, Some of the time the time, A little of, None of the time

During the past week, how much of the time have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

- a) Accomplished less than you would like
- b) Did work or other activities less carefully than usual

All of the time, Most of the time, Some of the time the time, A little of, None of the time

During the past week, how much did pain interfere with your normal work (including both work outside the home and housework)?

Not at all Slightly, Moderately, Quite a bit, Extremely

These questions are about how you feel and how things have been with you during the past week. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past week.....

- a) Have you felt calm and peaceful?
- b) Did you have a lot of energy?
- c) Have you felt downhearted and depressed?

All of the time, Most of the time, Some of the time the time, A little of, None of the time

During the past week, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?

All of the time, Most of the time, Some of the time the time, A little of, None of the time