

Mold JW, Roberts M, Aboshady HM. The prevalence and predictors of night sweats, day sweats, and hot flashes in older primary care patients: an OKPRN study. *Ann Fam Med*. 2004;2:391-397.

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Appendix 1. Questionnaire Items: Night Sweats, Day Sweats, and Hot Flashes

QWB-SA Items

"For the following list of problems, indicate which days over the past three days, not including today, you had the problem. If you had it on more than one day, mark all the days that apply. If you have not had the problem in the past 3 days, please fill in None. Did you have: _____." Response options were "none," "yesterday," "2 days ago," and "3 days ago." Any response other than "none" was considered positive.

Questions of this type included the following: problems with vision, eye pain/irritation, headache/dizziness/earache, difficulty hearing; stuffy or runny nose, sore throat/difficulty swallowing/hoarseness, toothache, sore or bleeding lips/tongue/gums, coughing/wheezing, shortness of breath, chest pain, abdominal pain/nausea/heartburn, diarrhea/constipation/rectal bleeding/pain, urinary pain, incontinence/nocturia, genital pain/problems, bone fractures, pain/stiffness in the neck or back, pain/stiffness in the hips or sides, pain/stiffness in the hands/feet/arms/legs, swelling of the ankles/hands/feet, loss of consciousness, difficulty with your balance, trouble falling asleep or staying asleep, spells of feeling nervous/shaky, spells of feeling upset/downhearted/blue, excessive worry or anxiety, feelings of frustration, decrease in sexual interest or performance, confusion/memory loss, thoughts or images you could not get out of your mind, and loss of appetite or overeating.

SF-36 Items

"During the past 4 weeks, how have you felt and how have things been with you? Please give the one answer that comes closest to the way you have been feeling." Response options were "all of the time," "most of the time," "a good bit of the time," "some of the time," "a little of the time," and "none of the time." The first 4 responses were considered positive.

The following items were included: "Have you felt full of pep?" "Have you been a very nervous person?" "Have you felt so down in the dumps that nothing could cheer you up?" "Have you felt downhearted and blue?" "Did you feel tired?"

"During the past 4-weeks, how much of the time has your physical health or emotional problems interfered with your social activities?" Response items were "all of the time," "most of the time," "some of the time," "a little of the time," and "none of the time." The first 3 were considered positive.

The following items were included: "I seem to get sick a little easier than other people," and "I expect my health to get worse."

HUI3 Items

"Which one of the following best describes the _____ you have been experiencing during the past 4 weeks?" Response options included "free of _____," "mild to moderate _____ that prevented no activities," "moderate _____ that prevented a few activities," "moderate _____ that prevented some activities," and "severe _____ that prevented most activities." The last 3 response options were considered positive.

Items considered included "pain and discomfort" and "fretful/irritable/anxious." The last 3 response options were considered positive.

Additional Questions

“During the last month, how much trouble have you had with_____.” Response options included “none,” “a little,” “some,” “a fair amount,” and “a great deal.” The last 3 response options were considered positive.

Items included “being tired during the daytime,” “bone pain,” “muscle cramps,” “lightheadedness,” and “restless legs.”

Medical Problems

“Please indicate which of the following medical problems you have now or have experienced in the past (mark all that apply):” anemia, asthma, cancer, cataract, chronic hepatitis B or C, Crohn’s disease, concussion, depression, diabetes (sugar), diverticulosis/itis, emphysema, gastroesophageal reflux disease (GERD), hiatus hernia, glaucoma, head injury, hearing loss, heart disease, high blood cholesterol, high blood pressure, kidney or bladder stones, liver problems, lung disease, lupus, macular degeneration, osteoarthritis (the common type of arthritis), osteoporosis, Parkinson’s disease, peripheral neuropathy, rheumatoid arthritis, sarcoidosis, scleroderma, seizures, stomach or duodenal ulcer, stroke, transient ischemic attack (TIA) or reversible ischemic neurologic event (RIND), surgical removal of part of large intestine (colon), surgical removal of part of stomach or small intestine, thyroid problems, and vitamin B₁₂ deficiency.

References

Kaplan RM, Gandek TG, Sieber WJ. *The Quality of Well-Being Scale, Self-Administered (QWB-SA)*. Copyrighted material. 1996.

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