

Supplemental Figure 1. English version of Health-related Quality of Life Instrument with 20 items (HINT-20).



Health-related Quality of Life Instrument with 20 items
(HINT-20)



is the unique logo of Health-related Quality of Life Instrument with 20 items (HINT-20).

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Supplemental Figure 1. Continued from the previous page

**This questionnaire is about your health
during the past 1 week.**

**For each question, please choose one answer that
is closest to your health status.**

- I have had no difficulty in walking about.
- I have had some difficulty in walking about.
- I have had much difficulty in walking about.
- I have been unable to walk about.

- I have had no difficulty in climbing stairs.
- I have had some difficulty in climbing stairs.
- I have had much difficulty in climbing stairs.
- I have been unable to climb stairs.

- I have had no difficulty in doing housework.
- I have had some difficulty in doing housework.
- I have had much difficulty in doing housework.
- I have been unable to do housework.

- I have had no difficulty in seeing.
- I have had some difficulty in seeing.
- I have had much difficulty in seeing.
- I have been unable to see.

**This questionnaire is about your health
during the past 1 week.**

**For each question, please choose one answer that
is closest to your health status.**

- I have had no pain.
- I have had mild pain.
- I have had severe pain.
- I have had extreme pain.

- I have had no symptoms that limit my usual activities.
- I have had mild symptoms that limit my usual activities.
- I have had severe symptoms that limit my usual activities.
- I have had extreme symptoms that limit my usual activities.

- I have always been energetic.
- I have often been energetic.
- I have occasionally been energetic.
- I have never been energetic.

- I have never been tired.
- I have occasionally been tired.
- I have often been tired.
- I have always been tired.

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Supplemental Figure 1. Continued from the previous page

This questionnaire is about your health during the past 1 week.
For each question, please choose one answer that is closest to your health status.

- I have had no difficulty in keeping relationships with my family.
- I have had some difficulty in keeping relationships with my family.
- I have had much difficulty in keeping relationships with my family.
- I have been unable to keep relationships with my family.

- I have had no difficulty in keeping relationships with people other than family.
- I have had some difficulty in keeping relationships with people other than family.
- I have had much difficulty in keeping relationships with people other than family.
- I have been unable to keep relationships with people other than family.

- I have had no difficulty in building relationships with new people.
- I have had some difficulty in building relationships with new people.
- I have had much difficulty in building relationships with new people.
- I have been unable to build relationships with new people.

- I have had no difficulty in working.
- I have had some difficulty in working.
- I have had much difficulty in working.
- I have been unable to work.

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Supplemental Figure 1. Continued from the previous page

**This questionnaire is about your health
during the past 1 week.**

**For each question, please choose one answer that
is closest to your health status.**

- I have never been depressed.
- I have occasionally been depressed.
- I have often been depressed.
- I have always been depressed.

- I have never felt lonely.
- I have occasionally felt lonely.
- I have often felt lonely.
- I have always felt lonely.

- I have had no difficulty with memory.
- I have had some difficulty with memory.
- I have had much difficulty with memory.
- I have been unable to memorize.

- I have had no difficulty with concentration.
- I have had some difficulty with concentration.
- I have had much difficulty with concentration.
- I have been unable to concentrate.

**This questionnaire is about your health
during the past 1 week.**

**For each question, please choose one answer that
is closest to your health status.**

- I have had no difficulty in sleeping.
- I have had some difficulty in sleeping.
- I have had much difficulty in sleeping.
- I have been unable to sleep.

- I have always been happy.
- I have often been happy.
- I have occasionally been happy.
- I have never been happy.

- I have always been confident.
- I have often been confident.
- I have occasionally been confident.
- I have never been confident.

- I have always been satisfied with myself and my life.
 - I have often been satisfied with myself and my life.
 - I have occasionally been satisfied with myself and my life.
 - I have never been satisfied with myself and my life.
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