Research Paper

Open OAccess

PHYSICAL ACTIVITY LEVEL AND ITS CORRELATIONWITH QUALITY OF LIFE AMONG UNDERGRADUATES IN UNIVERSITY OF PERADENIYA DURING COVID-19 PANDEMIC

¹Fernando W.I.R., ¹Maheshika D.N.N, ¹Sandakelum R. A. P., ¹Vidana A.S.I.S., ¹Wijayasinghe W.A.D.H.M., ¹Gunathilaka T.M.C.L., ¹Senarath, M.K.I.D., ¹Liyanage, E.

¹Department of Physiotherapy, Faculty of Allied Health Sciences, University of Peradeniya *Corresponding Author: Dr. E. Liyanage.

Abstract

BACKGROUND: Physical Activity (PA) has shown to have positive influence on quality of life (QOL) and health. PA has been reported to reduce among young adults during university life and it has reduceddrastically due to the current pandemic and restrictions. Knowing the importance of PA and that itreduces during university life and is worsened further due to the pandemic, the purpose was to assessphysical activity and QOL during the pandemic among undergraduates of University of Peradeniya, SriLanka during COVID 19. METHODS: This was a descriptive cross-sectional online study. Three hundredand eighty-seven undergraduates of University of Peradeniya were recruited. The sample was selected byproportionate random Sampling from each Faculty of the University. IPAO short form questionnaire wasused to assess PA and SF-36 was used to assess OOL. The data obtained from the two questionnaireswere scored according to the standard criteria. **RESULTS:** Of the 387 responses included in the study, the highest number of participants 195 (50.4%) were in the Low Physical Activity Level (PAL) categorywhereas, the lowest number of participants 60 (15.5%) were found to be in the high PAL category basedon MET value from IPAQ questionnaire. There was no significant correlation between Low PAL scoresand the 8 domains of QOL assessed by SF-36. There was a significant weak positive correlation between the energy/fatigue (r value = 0.293, p<0.05) and role limitation due to physical health domains (r value = 0.210, p<0.05) with moderate physical activity level. There was significant moderate negative correlation between pain and high physical activity level (r value = -0.416, p < 0.05). **CONCLUSIONS:** Most undergraduates were in the low physical activity category. Involvement in PA had a positive influence on physical and psychological domains of OOL. This further emphasizes the importance of involvement in PA.

Keywords: Health, Physical Activity, University Students, Quality of Life, pandemic

I. INTRODUCTION

Healthy lifestyle is the most vital element of human life. Attempts to answer the question concerning health can be found in ancient myths, religions, and philosophy. Modern health concepts are based on views of ancient Greek philosophers: Plato and Aristotle. "Health is not absence of a disease but absolute physical, psychological and social well-being" and other modern theories claim risk and stress as natural parts of life [1].

Many factors act together to affect the health of individuals and communities. It is determined by their circumstances and environment. These factors are place of living, the state of environment, genetics, income, education level and relationships with friends and family and all of these have considerable impact on health [2]. In contrast, factors like access and use of health care services often have less impact on health. Among the factors, physical activity (PA) is a major one that influences health [2]. It affects increasing different indicators of Quality of Life (QOL) and there is a positive relationship between those two components [3,4].QOL is considered as a key benefit of PA and as a motivator. It is a

multidimensional construct which includes several domains such as physical, psychological, environmental, and social domains [4,5].

University students passthrough an important phase of their lives where they are known to experience several stressors, such as change of residence, increased responsibility, peer pressure, and the different kinds of work schedules during that period [6,7].Number of University students is rising all over the world, with no exception in Sri Lanka. It is essential to study the health status and related factors in such population and health promotion among them is a key imperative have variety of health problems [8].

A positive relationship between PA and QOL in young adults, mainly in university students has been observed. The recommended level of PA by WHO has beneficial impact on quality of life. When assessing different domains of life in relation to the presented PA levels, many possible differences are notified. Highly active students display high quality of life more often than other respondents [9]. Students with high levels of MET have higher total QOL than university students at other levels of MET [10]. Although, there are research about PA level among undergraduate students, there are no published evidence to evaluate the PA level and quality of life among University students in Sri Lanka [11].

Physical Activity (PA) has shown to have positive influence on quality of life, whereas, decreased PA and sedentary lifestyle create greater short- term and long -term health problems [10]. PA has been reported to reduce among young adults during university life [12]. Moreover, it has reduced drastically due to the current pandemic and the changes and restrictions brought by it [13]. The researchers thought it important to assess and have quantitative data published specific to the study population, so that PA and QOL can be enhanced among university undergraduates. Therefore, the present study aimed to determine PA and QOL and to assess the correlation between the two among undergraduates of University of Peradeniya, Sri Lanka.

II. MATERIALS AND METHODS

Sample size was calculated based on Slovin's Formula for a total of 11152 undergraduates studying in the 09 faculties of the University of Peradeniya. The number of total participants estimated was 387. Physical Activity was assessed using the IPAQ short form questionnaire and QOL was assessed using the SF-36 questionnaire. A total of 596 completed responses were obtained. Proportionate random sampling was implemented, such that proportionate sample was selected from each faculty and a total of 387 responses were selected for data analysis. Details of participants are presented in Table 1.

III. STATISTICAL ANALYSIS

Data was first assessed for normality. The data obtained for physical activity and quality of life was not normally distributed. Hence, bootstrapping was used as a method of normalizing the data.

Descriptive statistics of PA and QOL score for the subjects of the 09 faculties, gender was computed and presented as mean and standard deviation. Physical Activity Level (PAL)was presented as percentage for the 03 different categories (low, moderate, and high) based on MET value. The PA and QOL scores were compared between gender using Independent Sample T Test. The scores between subjects of faculties were compared using ANOVA. Correlation between the 03 PA categories (low, moderate, and high) and the 08 domains of QOL (Physical Functioning, Role limitations due to physical health, Role limitations due to emotional problems, Energy/ Fatigue, Emotional wellbeing, social functioning, Pain and General Health) was analyzed using Pearson's Correlation Coefficient Test. P- Value less than 0.05 was considered significant.

IV. RESULTS

4.1 Physical Activity Category

The details of participants of the study are presented in Table 1. Of the 387 responses included in the study, the highest number of participants 195(50.4%) were in the Low Physical Activity Level PAL (Physical Activity Level) category whereas, the lowest number of participants 60(15.5%) were found to be in the high PAL category. There were132(34.1%) participants in the moderate PAL category (Fig. 1). **4.2 Physical Activity based on Faculty and Gender**

The results revealed the highest mean total IPAQ score of 2054 ± 4110 MET-minutes/week was seen in participants of Faculty of Science whereas, participants of Faculty of Medicine showed the lowest mean total IPAQ score of 1099 ± 1370 MET-minutes/week. Faculty of Agriculture had a mean total IPAQ score of 1886 ± 2189 MET-minutes/week, Faculty of Allied Health Sciences a score of 1523 ± 1307 MET-minutes/week, Faculty of Arts a score of 1525 ± 3178 MET-minutes/week, Faculty of Dental

1688 \pm 2514 MET-minutes/week, Faculty of Engineering a score of 1249 \pm 2186 MET-minutes/week, Faculty of Management a score of 1431 \pm 1734 MET-minutes/week, Faculty of Medicine a score of 1099 \pm 1370 MET-minutes/week, Faculty of Science a score of 2054 \pm 4110 MET-minutes/week and Faculty of Veterinary a score of 1606 \pm 3023 MET-minutes/week. Further, in Table 2, there was no significant difference in the PA scores between the participants of the 09 faculties.

According to the results, male undergraduates showed a high mean total IPAQ score of 1921 ± 3456 METminutes/week compared to female undergraduates with a mean total IPAQ score of 1350 ± 2411 METminutes/week. According to Table 3 the p-value of Levene's test for equality of variances is 0.037 which is <0.05 it indicated that equalvariance is not assumed. Accordingly, p-value to be considered is 0.086 indicating that there was no significant difference in the PA scores of males and females.

4.3. Quality of Life based on Faculty and Gender

The highest mean total SF-36 score of 540 ± 126 was seen in the subjects of Faculty of Medicine while, the lowest mean total SF-36 score of 454 ± 124 was observed among subjects of Faculty of Engineering. Faculty of Agriculture had a mean total SF-36 score of 519 ± 118 , Faculty of Allied Health Sciences a score of 482 ± 129 , Faculty of Arts a score of 474 ± 132 , Faculty of Dental 483 ± 109 , Faculty of Engineering a score of 454 ± 124 , Faculty of Management a score of 501 ± 124 , Faculty of Medicine a score of 540 ± 126 , Faculty of Science a score of 496 ± 145 and Faculty of Veterinary a score of 478 ± 145 . However, there was no significant difference in the Quality-of-Life scores between the participants of the 09 faculties as seen in Table 4.

Males showed a higher mean total SF-36 score of 500 ± 121 compared to females with a mean total SF-36 score of 481 ± 137 , the p-value of Levene's test for equality of variances is 0.101 which is greater than 0.05 which indicates that equal variance was assumed. Accordingly, the p-value to be considered is 0.159, which indicates that there is no significant difference in the QOL scores of males and females as shown in Table 5.

4.4 Correlation between Physical Activity and Quality of Life

According to the results, there was no significant correlation between Low PAL scores and the 8 domains of QOL. There was a significant weak positive correlation between the energy/fatigue (r value = 0.29, p<0.05) and role limitation due to physical health domains (r value = 0.210, p<0.05) with moderate physical activity level. There was significant moderate negative correlation between pain and high physical activity level (r value = -0.416, p<0.05) it is displayed in Table 6.

V. DISCUSSION

Results of this study showed that 195 participants (50.4%) were in the low PA category, 132 (34.1%) were in moderate PA category and 60 (15.5%) were in the high PA category. According to the current findings most of the undergraduates of University of Peradeniya were in the low PA category, implying that most undergraduates did not involve in PA according to the guidelines for adults. Contrarily, a study which was conducted to explore the degree of PA among 409 undergraduates in Malaysia reported that majority of the students were active (74.1%) and only a small percentage of undergraduates were less active (25.9) [14]. Physical activity level is stated to be associated with social media usage, academic stress, academic performance, academic factors (study habits, course of study) and especially the current situation of COVID-19 pandemic [15]. In the present study too factors such as: academic stress, media usage, time restrictions, credit load, lack of motivation and COVID-19 pandemic may be reasons for lower PAL among university students. During the time of data collection in the present study, the University was closed, and all the undergraduates were confined to home and their academics were conducted through online platform, which could be an additional reason for higher percentage of undergraduates being in the low PA category.

In the present study, male undergraduates had the highest mean total IPAQ value (1921 METminutes/week) compared to female students (1350 MET-minutes/week). However, there was no significant difference in the PA between males and females. Dissimilar to the findings of the present study, a study among 131 students at the University of the third age conducted by; Justyna and team in Poland found that PA was performed more often by females than males. They reported that males less frequently involved in high and moderate PAL [16]. Different motivators that affect PA in males and females is considered a reason for difference in PA level according to gender. Challenge and enjoyment are motivators for males while, women tend to be motivated by extrinsic factors like improving appearance, managing weight avoiding ill health [17].

When we consider the effect of gender on QOL, male students had a higher mean value of total SF-36 (500) than female students (480). There was no significant difference between the QOL scores between males and females. One of the reasons for differences of QOL based on gender is different

cultural and social factors that females and males have to experience. Furthermore, Manuela Schmidt had reported that females generally experienced wider range of life events and took more stress than males [17].

The findings of the present study indicating higher QOL scores among males compared to females may be due the factors like; cultural and social factors, and stress status identified in other studies. Also, the findings would also be influenced by confinement to home, during the time of data collection [18,19].

The results of the present study revealed that there was no correlation between low PAL and the 08 domains of QOL, there was weak positive correlation between moderate PAL and role limitations due to physical problems and energy/ fatigue domains. Also, there was a significant moderate negative correlation between high PAL and pain domain of QOL.

Exercises increase the pain threshold by releasing endogenous opioids and activation of spinal nociceptive inhibitory mechanisms orchestrated by the brain. Also exercise triggers the release of beta endorphins from the pituitary and the hypothalamus glands, which create analgesic effects by activating μ opioid receptors peripherally and centrally respectively [20]. This physiological effect may be a reason for the negative correlation between high PA level and pain domain in the present study. Also, role limitations due to physical problems and pain domains related more to the physiological aspect rather than psychological aspect.

According to a previous study which was conducted on Saudi population (aged 18-60) to explore the association between PA and QOL, it was concluded that the participants' scores were significantly higher among those with high PA regarding physical functioning, role limitation due to physical health and general health [21]. These findings are like our findings and are related to physiological functional aspect rather than psychological aspect.

The present study was conducted during COVID-19 pandemic. It is assumed that COVID-19 related stressors may have further influenced PA and QOL among University undergraduates in addition to other factors. The additional stressors could be frustration because of the loss of daily routine, frustration because of study disruption and perception of living area with higher prevalence of COVID-19 cases.

The findings of the study reveal that the PA level among undergraduates of University of Peradeniya is very low and needs immediate attention. There is need to implement strategies to motivate and increase involvement in PA even during confinement which is possible within a house or hostel premises. Which in turn will help to enhance quality of life and health of the undergraduates and prevent complications associated with lack of physical activity.

VI. CONCLUSIONS

Most undergraduates were in the low physical activity category. Involvement in PA had a positive influence on physical and psychological domains of QOL. This further emphasizes the importance of involvement in PA. This

Conflict of Interest:

The authors have no conflict of interest to state.

REFERENCES

- [1]. Akranavičiūtė, D., &Ruževičius, J. (2007). Quality of Life and its Components' Measurement. *The engineering economics*, 52
- [2]. World Health Organization. (2017, February 3). Determinants of health.<u>https://www.who.int/news-room/q-a-detail/determinants-of-health</u>
- [3]. Joseph, R. P., Royse, K. E., Benitez, T. J., &Pekmezi, D. W. (2013). Physical activity and quality of life among university students: Exploring self-efficacy, self-esteem, and affect as potential mediators. *Quality of Life Research*, 23(2), 659-667.<u>https://doi.org/10.1007/s11136-013-0492-8</u>
- [4]. Nowak, P. F., Bożek, A., &Blukacz, M. (2019). Physical Activity, Sedentary Behavior, and Quality of Life among University Students. *BioMed Research International*, 2019, 1-10. https://doi.org/10.1155/2019/9791281
- [5]. Gill, D. L., Hammond, C. C., Reifsteck, E. J., Jehu, C. M., Williams, R. A., Adams, M. M., Lange, E. H., Becofsky, K., Rodriguez, E., & Shang, Y. (2013). Physical activity and quality of life. *Journal of Preventive Medicine & Public Health*, 46(Suppl 1), S28-S34. <u>https://doi.org/10.3961/jpmph.2013.46.s.s28</u>

- [6]. Peleias, M., Tempski, P., Paro, H. B., Perotta, B., Mayer, F. B., Enns, S. C., Gannam, S., Pereira, M. A. D., Silveira, P. S., Santos, I. S., Carvalho, C. R., & Martins, M. A. (2017). Leisure time physical activity and quality of life in medical students: results from a multicentre study. *BMJ Open Sport & Exercise Medicine*, 3(1), e000213. <u>https://doi.org/10.1136/bmjsem-2016-000213</u>
- [7]. Feng, Q., Zhang, Q. L., Du, Y., Ye, Y. L., & He, Q. Q. (2014). Associations of Physical Activity, Screen Time with Depression, Anxiety and Sleep Quality among Chinese College Freshmen. *PLoS ONE*, *9*(6), e100914. <u>https://doi.org/10.1371/journal.pone.0100914</u>
- [8]. Lins, L., & Carvalho, F. M. (2016). SF-36 total score as a single measure of health-related quality of life: Scoping review. SAGE *open medicine*, 4, 2050312116671725.
- [9]. Ge, Y., Xin, S., Luan, D., Zou, Z., Liu, M., Bai, X., & Gao, Q. (2019). Association of physical activity, sedentary time, and sleep duration on the health-related quality of life of college students in Northeast China. *Health and Quality of Life Outcomes*, 17(1). https://doi.org/10.1186/s12955-019-1194-x
- [10]. Pieczyńska, A., Zasadzka, E., Trzmiel, T., &Pawlaczyk, M. (2019). Physical Activity and Fitness in White- and Blue-Collar Retired Men. *American Journal of Men's Health*, 13(6). 155798831989136. <u>https://doi.org/10.1177/1557988319891360</u>
- [11]. Cihan, B. B., Bozdag, B., & Var, L. (2018). Examination of Physical Activity and Life Quality Levels of University Students in Terms of Related Factors. *Journal of Education and Learning*,8(1), 120.<u>https://doi.org/10.5539/jel.v8n1p120</u>
- [12]. Ranasinghe, C., Sigera, C., Ranasinghe, P., Jayawardena, R., Ranasinghe, A. C. R., Hills, A. P., &King, N. (2016). Physical inactivity among physiotherapy undergraduates: Exploring the knowledgepractice gap. *BMC Sports Science, Medicine and Rehabilitation*, 8(1), 1–9. https://doi.org/10.1186/s13102-016-0063-8
- [13]. Kwan, M. Y., Cairney, J., Faulkner, G. E., &Pullenayegum, E. E. (2012). Physical activity and other health-risk behaviors during the transition into early adulthood: A longitudinal cohort study. *American Journal of Preventive Medicine*, 42(1), 14–20. https://doi.org/10.1016/j.amepre.2011.08.026
- [14]. Romero-Blanco, C., Rodríguez-Almagro, J., Onieva-Zafra, M. D., Parra-Fernández, M. L., Prado-Laguna, M. D. C., & Hernández-Martínez, A. (2020). Physical activity and sedentary lifestyle in university students: Changes during confinement due to the covid-19 pandemic. *International Journal of Environmental Research and Public Health*, 17(18), 1–13.
- [15]. Stephen Jeffery Anak, Rafidah Binti Elias, Beatrice Reen Anak Gilbert, Nurul Adilah Binti Mohamed Farid, Desmond Tong Ming Han, Sarah Prosper Anak Atang, (2021). Physical Activity Among Unimas Undergraduates. *International Journal of Current Research and Review*, 13 (04), 82.
- [16]. López-Valenciano, A., Suárez-Iglesias, D., Sanchez-Lastra, M. A., &Ayán, C. (2021). Impact of COVID-19 Pandemic on University Students' Physical Activity Levels: An Early Systematic Review. Frontiers in psychology, 11, 624567. https://doi.org/10.3389/fpsyg.2020.624567
- [17]. Justyna, K., Elżbieta, B., & Beata, F. (2015). The relationship between levels of physical activity and quality of life among students of the university. *Central European Journal of Public Health*, 23(4), 335–339. <u>Https://doi.org/10.21101/cejph.a4136</u>
- [18]. Schmidt, M. (2012). Predictors of self-rated health and lifestyle behaviours in Swedish university students. *Global Journal of Health Science*, 4(4), 1–14. https://doi.org/10.5539/gjhs.v4n4p1
- [19]. Denton, M., Prus, S., & Walters, V. (2004). Gender differences in health: A Canadian study of the psychosocial, structural and behavioural determinants of health. *Social Science and Medicine*, *58*(12), 2585–2600. https://doi.org/10.1016/j.socscimed.2003.09.008
- [20]. Al Obaidi, L., & Mahlich, J. (2015). A potential gender bias in assessing quality of life a standard gamble experiment among university students. *ClinicoEconomics and Outcomes Research*, 7, 227–233. https://doi.org/10.2147/CEOR.S84065
- [21]. Nijs, J., Kosek, E., Oosterwijck, J. Van, & Meeus, M. (2012). 2012;15;Es205-Es213. 1, 205-

PHYSICAL ACTIVITY LEVEL AND ITS CORRELATIONWITH QUALITY OF ...

214.

[22]. Ma Moshibah, A., Dh Almazarigeh, S., Ah Al-Dowan, A., Ma Assiri, H., Fs Al-Shahrani, S., & Am Assiri, I. (2015). *Physical Activity and Quality of Life Among Saudi Adults*. 13(3), 126–13

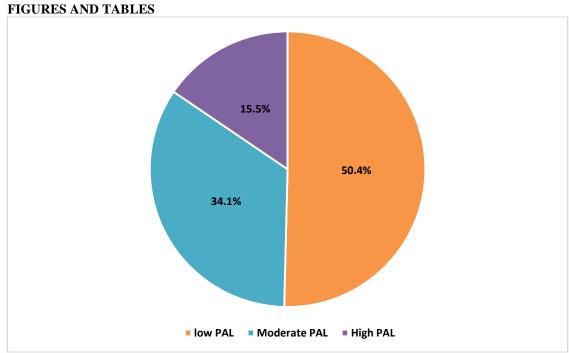


Figure 1: Percentage of participants in 03 levels of Physical Activity Category

Table 1:Details of participants of the study

| | Faculty | Males | Females | Total | |
|-----|----------------------------|-------|-------------|-------|----|
| | Agriculture | 11 | 22 | 33 | |
| | Allied Health Sciences | 7 | 15 | 22 | |
| | Arts | 25 | 117 | 142 | |
| | Dental | 3 | 7 | 10 | |
| | Engineering | 39 | 13 | 52 | |
| | Management | 8 | 13 | 21 | |
| | Medicine | 17 | 23 | 40 | |
| | Science | 25 | 32 | 57 | |
| | Veterinary | 3 | 7 | 10 | |
| | Total population | 138 | 249 | 387 | |
| npa | arison of Total IPAQ score | | | | |
| | Sum of | Df | Mean Square | F | Si |

| 31643178.39 | 8 | 3955397.299 | 0.486 | 0.866 |
|-------------|------------|----------------|----------------------------|----------------------------|
| | | | | |
| 3075010217 | 378 | 8134947.664 | | |
| | | | | |
| 310665339 | 386 | | | |
| | 3075010217 | 3075010217 378 | 3075010217 378 8134947.664 | 3075010217 378 8134947.664 |

PHYSICAL ACTIVITY LEVEL AND ITS CORRELATIONWITH QUALITY OF ...

The results revealed that there was no significant difference in the PA scores between the participants of the 09 Faculties.

| Table 3:Comparison of mean to | IPAQ scores based on gender is presented in Met- | minute/weeks |
|-------------------------------|--------------------------------------------------|--------------|
| Levene's Te | T- test for Equality of Means | |

| | | Levene | s rest | I - test | l for Equa | inty of iview | 1115 | | | |
|---------------|----------------------------|---------|-----------|----------|------------|---------------|------------|---------|------------|------------|
| | | for Equ | uality of | Т | df | Sig. | Mean | Std.Err | 95% | Confidence |
| | | Varian | ces | | | (2- | difference | or | Interval | of the |
| | | | | _ | | tailed) | | Differe | Difference | ce |
| | | F | Sig. | | | | | nce | Lower | Upper |
| Total IPAQ | Equal varianc | 4.38 | 0.03 | 1.90 | 385 | 0.05 | 571.2 | 300.1 | 18.7 | 1161.1 |
| | es assume d | | | | | | | | | |
| | Equal varianc es not | | | 1.72 | 212.3 | 0.08 | 571.2 | 331.5 | 82.2 | 1224.7 |
| | assume d | | | | | | | | | |

According to the results the p-value of Levene's test for equality of variances is 0.037 which is <0.05 it indicates that equal variance is not assumed. Accordingly, p-value to be considered is 0.086 indicating that there is no significant difference in the PA scores of males and females.

Table 4: Comparison of mean Total scores of SF-36 for each faculty

| | Sum | of | Df | Mean Square | F | Sig. |
|---------|-------------|----|-----|-------------|-------|-------|
| | Squares | | | | | |
| Between | 31643178.39 | | 8 | 3955397.299 | 0.486 | 0.866 |
| Groups | | | | | | |
| Within | 3075010217 | | 378 | 8134947.664 | | |
| Groups | | | | | | |
| Total | 3106653396 | | 386 | | | |

The results reveal that there was no significant difference in the Quality of Life scores between the participants of the 09 faculties.

| | | Lever | Levene's | | vene's T- test for Equality of Means | | | | | | | |
|--------------------------|-------------------------------|--------------------------|----------|------|--------------------------------------|---------|------------|------------|---------------------------------------------|-------|--|--|
| | | Test | for | Т | Df | Sig.(2- | Mean | Std.Error | 95% | | | |
| | | Equality of Variances | | | | tailed) | difference | Difference | Confidence Interval of the Difference | | | |
| | | F | Sig. | - | | | | | Lower | Upper | | |
| Total SF-36 scores | Equal variances assumed | 2.70 | 0.101 | 1.41 | 385 | 0.15 | 19.65 | 13.92 | 7.72 | 47.04 | | |
| | Equal variances not | | | 1.46 | 313.50 | 0.14 | 13.44 | 13.44 | 6.78 | 46.10 | | |

www.ajmrd.com

assumed

According to the results the p-value of Levene's test for equality of variances is 0.101 which is greater than 0.05 which indicates that equal variance was assumed. Accordingly, the p-value to be considered is 0.159, which indicates that there is no significant difference in the QOL scores of males and females.

| QOL Domains | Low PAL | | Moderate l | PAL | High PAL | High PAL | |
|----------------------------|---------|---------|------------|---------|----------|----------|--|
| | r value | p value | r value | p value | r value | p value | |
| Physical Functioning | .107 | .138 | .096 | .272 | 085 | .521 | |
| runchoming | | | | | | | |
| Role limitations | 063 | .384 | .210* | .016 | 232 | .074 | |
| due to physical health | | | | | | | |
| Role limitations | 013 | .852 | .077 | .383 | 133 | .312 | |
| due to emotion problems | | | | | | | |
| Energy/ Fatigue | .076 | .293 | .293** | .001 | 205 | .117 | |
| Emotional well being | .093 | .195 | .124 | .157 | 170 | .195 | |
| Social functioning | 014 | .841 | .070 | .426 | 196 | .134 | |
| Pain | 089 | .215 | .073 | .404 | 416** | .001 | |
| General Health | 020 | .779 | .143 | .101 | 237 | .068 | |

*Correlation is significant at the 0.05 level

**Correlation is significant at the 0.01 level