

Participant Initials ____ ____
Study ID ____ ____ ____
Timepoint – Baseline/16
wks/6mths/9mths/12mths
Date ____ / ____ / ____

QUALITY OF LIFE QUESTIONNAIRE
(Qualeffo-41(10 Dec 1997))

A Pain

The five questions in this section regard the situation in the last week.

- | | |
|---|---|
| 1) How often have you had back pain in the last week? | <input type="radio"/> never
<input type="radio"/> 1 day per week or
<input type="radio"/> 2-3 days per week
<input type="radio"/> 4-6 days per week
<input type="radio"/> every day |
| 2) If you have had back pain, for how long did you have back pain in the daytime? | <input type="radio"/> never
<input type="radio"/> 1-2 hours
<input type="radio"/> 3-5 hours
<input type="radio"/> 6-10 hours
<input type="radio"/> all day |
| 3) How severe is your back pain at its worst? | <input type="radio"/> no back pain
<input type="radio"/> mild
<input type="radio"/> moderate
<input type="radio"/> severe
<input type="radio"/> unbearable |
| 4) How is your back pain at other times? | <input type="radio"/> no back pain
<input type="radio"/> mild
<input type="radio"/> moderate
<input type="radio"/> severe
<input type="radio"/> unbearable |

- 5) Has the back pain
disturbed your sleep in
the last week?
- less than once per week
 - once a week
 - twice a week
 - every other night
 - every night

Physical function:

B Activities of daily living

The text 4 questions regard the situation at present.

- 6) Do you have problems with
dressing?
- no difficulty
 - a little difficulty
 - moderate difficulty
 - may need some help
 - impossible without help
- 7) Do you have problems with taking a
bath or shower?
- no difficulty
 - a little difficulty
 - moderate difficulty
 - may need some help
 - impossible without help
- 8) Do you have problems with getting
to or operating a toilet?
- no difficulty
 - a little difficulty
 - moderate difficulty
 - may need some help
 - impossible without help
- 9) How well do you sleep?
- sleep undisturbed
 - wake up sometimes
 - wake up often
 - sometimes I lie awake for
hours
 - impossible without help

Physical function:

C Jobs around the house

The next 5 questions are concerned with the present situation. If someone else does these things in your house, please answer as though you were responsible for them.

- | | |
|---|--|
| 10) Can you do the cleaning? | <input type="radio"/> without difficulty |
| | <input type="radio"/> with a little difficulty |
| | <input type="radio"/> with moderate difficulty |
| | <input type="radio"/> with great difficulty |
| | <input type="radio"/> impossible |
| 11) Can you prepare meals? | <input type="radio"/> without difficulty |
| | <input type="radio"/> with a little difficulty |
| | <input type="radio"/> with moderate difficulty |
| | <input type="radio"/> with great difficulty |
| | <input type="radio"/> impossible |
| 12) Can you wash dishes? | <input type="radio"/> without difficulty |
| | <input type="radio"/> with a little difficulty |
| | <input type="radio"/> with moderate difficulty |
| | <input type="radio"/> with great difficulty |
| | <input type="radio"/> impossible |
| 13) Can you do your day to day shopping? | <input type="radio"/> without difficulty |
| | <input type="radio"/> with a little difficulty |
| | <input type="radio"/> with moderate difficulty |
| | <input type="radio"/> with great difficulty |
| | <input type="radio"/> impossible |
| 14) Can you lift heavy object of 20 lbs (e.g. a crate of 12 bottles of milk, or a one year old child and carry it for at least 10 yards) | <input type="radio"/> without difficulty |
| | <input type="radio"/> with a little difficulty |
| | <input type="radio"/> with moderate difficulty |
| | <input type="radio"/> with great difficulty |
| | <input type="radio"/> impossible |

Physical function:

D Mobility

The next 8 questions also regard the present situation.

- 15) Can you get up from a chair?
- without difficulty
 - with a little difficulty
 - with moderate difficulty
 - with great difficulty
 - only with help
- 16) Can you bend down?
- easily
 - fairly easily
 - moderately
 - very little
 - impossible
- 17) Can you kneel down?
- easily
 - fairly easily
 - moderately
 - very little
 - impossible
- 18) Can you climb stairs to the next floor of a house?
- without difficulty
 - with a little difficulty
 - with at least one rest
 - with help only
 - impossible
- 19) Can you walk 100 yards?
- fast without stopping
 - slow without stopping
 - slowly with atleast one stop
 - only with help
 - impossible

- 20) How often have you been outside in the last week?
- every day
 - 5-6 days/week
 - 3-4 days/week
 - 1-2 days/week
 - less than once/week
- 21) Can you use public transport?
- without difficulty
 - with a little difficulty
 - with moderate difficulty
 - with great difficulty
 - only with help
- 22) Have you been affected by the changes of your figure due to osteoporosis (for example loss of height, increase of waist measurement, shape of your back)?
- not at all
 - a little
 - moderately
 - quite a bit
 - very much

E Leisure, social activities

- 23) Do you play any sport now?
- yes
 - yes with restrictions
 - not at all
- 24) Can you do your gardening?
- yes
 - yes with restrictions
 - not at all
 - not applicable
- 25) Do you perform any hobby now?
- yes
 - yes with restrictions
 - not at all

- 26) Can you visit a cinema, theatre, etc.? 0 yes
0 yes with restrictions
0 not at all
0 no cinema, or theatre within
a reasonable distance
- 27) How often did you visit friends or
relatives during the last 3 months? 0 once a week or more
0 once or twice a month
0 less than once a month
0 never
- 28) How often did you participate in
social activities (clubs, social
gatherings, church activities, charity
etc.) during the last 3 months? 0 once a week or more
0 once or twice a month
0 less than once a month
0 never
- 29) Does your back pain or disability
interfere with intimacy(including
sexual activity)? 0 not at all
0 a little
0 moderately
0 severely
0 not applicable

F General health perception

- 30) For your age, in general, would you
say your health is 0 excellent
0 good
0 satisfactory
0 fair
0 poor
- 31) How would you rate your overall
quality of life during the last week? 0 excellent
0 good
0 satisfactory
0 fair

- 32) How would you rate your overall quality of life compared with 10 years ago?
- much better now
 - slightly better now
 - unchanged
 - slightly worse now
 - much worse now

G Mental function

- 33) Do you tend to feel tired?
- in the morning
 - in the afternoon
 - only in the evening
 - after strenuous activity
 - almost never
- 34) Do you feel downhearted?
- almost everyday
 - three or five days a week
 - one or two days a week
 - once in a while
 - almost never
- 35) Do you feel lonely?
- almost everyday
 - three or five days a week
 - one or two days a week
 - once in a while
 - almost never
- 36) Do you feel full of energy?
- almost everyday
 - three or five days a week
 - one or two days a week
 - once in a while
 - almost never

- 37) Are you hopeful about your future? 0 never
0 rarely
0 sometimes
0 quite often
0 always
- 38) Do you get upset over little things? 0 never
0 rarely
0 sometimes
0 quite often
0 always
- 39) Do you find it easy to make contact
with people? 0 never
0 rarely
0 sometimes
0 quite often
0 always
- 40) Are you in good spirits most of the
day? 0 never
0 rarely
0 sometimes
0 quite often
0 always
- 41) Are you afraid of becoming totally
dependent? 0 never
0 rarely
0 sometimes
0 quite often
0 always