Quality of Life Questionnaire
Qualeffo-41 (10 December 1997)

Users of this questionnaire (and all authorized translations) must adhere to the user agreement.
Please use the related Scoring Algorithm.

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?
   ○ never
   ○ 1 day per week or less
   ○ 2-3 days per week
   ○ 4-6 days per week
   ○ every day

2) If you have had back pain, for how long did you have back pain in the daytime?
   ○ never
   ○ 1-2 hours
   ○ 3-5 hours
   ○ 6-10 hours
   ○ all day

3) How severe is your back pain at its worst?
   ○ no back pain
   ○ mild
   ○ moderate
   ○ severe
   ○ unbearable

4) How is your back pain at other times?
   ○ no back pain
   ○ mild
   ○ moderate
   ○ severe
   ○ 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 week
   - every other night
   - every night

Physical function:
B Activities of daily living
   The next 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
   - sometimes I have a sleepless night
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?
   - without difficulty
   - with a little difficulty
   - with moderate difficulty
   - with great difficulty
   - impossible

11) Can you prepare meals?
    - without difficulty
    - with a little difficulty
    - with moderate difficulty
    - with great difficulty
    - impossible

12) Can you wash the dishes?
    - without difficulty
    - with a little difficulty
    - with moderate difficulty
    - with great difficulty
    - impossible

13) Can you do your day to day shopping?
    - without difficulty
    - with a little difficulty
    - with moderate difficulty
    - with great difficulty
    - impossible

14) Can you lift a heavy object of 20 lbs (e.g. a case of water bottles, or a one year old child) and carry it for at least 10 yards?
    - without difficulty
    - with a little difficulty
    - with moderate difficulty
    - with great difficulty
    - 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  
   - only with help  
   - impossible

19) Can you walk 100 yards?  
   - fast without stopping  
   - slowly without stopping  
   - slowly with at least one stop  
   - only with help  
   - impossible
<table>
<thead>
<tr>
<th>Q</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>How often have you been outside in the last week?</td>
<td>◯ every day&lt;br&gt;◯ 5-6 days/week&lt;br&gt;◯ 3-4 days/week&lt;br&gt;◯ 1-2 days/week&lt;br&gt;◯ less than once/week</td>
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<tr>
<td>21</td>
<td>Can you use public transportation?</td>
<td>◯ without difficulty&lt;br&gt;◯ with a little difficulty&lt;br&gt;◯ with moderate difficulty&lt;br&gt;◯ with great difficulty&lt;br&gt;◯ only with help</td>
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<tr>
<td>22</td>
<td>Have you been affected by the changes to your figure due to osteoporosis (for example, loss of height, increase of waist measurement, shape of your back)?</td>
<td>◯ not at all&lt;br&gt;◯ a little&lt;br&gt;◯ moderately&lt;br&gt;◯ quite a bit&lt;br&gt;◯ very much</td>
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<td></td>
<td><strong>E Leisure, social activities</strong></td>
<td></td>
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<tr>
<td>23</td>
<td>Do you play any sports now?</td>
<td>◯ yes&lt;br&gt;◯ yes with restrictions&lt;br&gt;◯ not at all</td>
</tr>
<tr>
<td>24</td>
<td>Can you do your gardening?</td>
<td>◯ yes&lt;br&gt;◯ yes with restrictions&lt;br&gt;◯ not at all&lt;br&gt;◯ not applicable</td>
</tr>
<tr>
<td>25</td>
<td>Do you participate in any hobbies now?</td>
<td>◯ yes&lt;br&gt;◯ yes with restrictions&lt;br&gt;◯ not at all</td>
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</table>
26) Can you visit a cinema, theater, etc.?  
○ yes  
○ yes with restrictions  
○ not at all  
○ no cinema, or theater within a reasonable distance

27) How often did you visit friends or relatives during the last 3 months?  
○ once a week or more  
○ once or twice a month  
○ less than once a month  
○ never

28) How often did you participate in social activities (clubs, social gatherings, church activities, charity, etc.) during the last 3 months?  
○ once a week or more  
○ once or twice a month  
○ less than once a month  
○ never

29) Does your back pain or disability interfere with intimacy (including sexual activity)?  
○ not at all  
○ a little  
○ moderately  
○ severely  
○ not applicable

F General health perception

30) For your age, in general, would you say your health is  
○ excellent  
○ good  
○ satisfactory  
○ fair  
○ poor

31) How would you rate your overall quality of life during the last week?  
○ excellent  
○ good  
○ satisfactory  
○ fair  
○ poor
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**

The next nine questions regard the situation in the last week.

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 every day
- three to five days a week
- one or two days a week
- once in a while
- almost never

35) Do you feel lonely?

- almost every day
- three to five days a week
- one or two days a week
- once in a while
- almost never

36) Do you feel full of energy?

- almost every day
- three to five days a week
- one or two days a week
- once in a while
- almost never
37) Are you hopeful about your future?

○ never
○ rarely
○ sometimes
○ quite often
○ always

38) Do you get upset over little things?

○ never
○ rarely
○ sometimes
○ quite often
○ always

39) Do you find it easy to make contact with people?

○ never
○ rarely
○ sometimes
○ quite often
○ always

40) Are you in good spirits most of the day?

○ never
○ rarely
○ sometimes
○ quite often
○ always

41) Are you afraid of becoming totally dependent?

○ never
○ rarely
○ sometimes
○ quite often
○ always