



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

Patient Initials ____

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- 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 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

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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 crate of 12 bottles of milk, 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

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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
 - slowly without stopping
 - slowly with at least one stop
 - only with help
 - impossible

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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

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26) Can you visit a cinema,
theatre, etc.?

yes
 yes with restrictions
 not at all
 no cinema, or theatre 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

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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

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- 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

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