

# Patient QOL

Patient Study ID \_\_\_\_\_

## Back and Leg Pain Scale

Pain Scale Date of Administration \_\_\_\_\_

Pain Scale Administration

- Interview
- Self-administration

Pain Scale Interview

- At office visit
- Via telephone (preferred)

Pain Scale Self-Administered

- At office visit
- At home
- Via Internet

**Back & Leg Pain Scoring Instructions: I am going to ask you to rate your back pain and leg pain on a scale of 0 to 10, where Zero (0) would mean "no pain" and a ten (10) would mean "worst pain imaginable. "**

Please rate your back pain on a scale of 0 to 10

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Now, please rate your leg pain on a scale of 0 to 10

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

## ODI

ODI Date of Administration \_\_\_\_\_

ODI Version

- Version 1
- Version 2
- N2QOD

ODI Administration

- Interview
- Self-administration

ODI Interview

- At office visit
- Via telephone (preferred)

ODI Self-administered

- At office visit
- At home
- Via Internet

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**ODI Instructions: Next I am going to ask you to rate how your back or leg problems affect your ability to manage routine activities. Each item I read will have 6 possible responses. I will read them to you slowly. Please choose the response which most accurately represents your overall condition. Feel free to ask questions or choose a response at any time.**

1. Please rate your current pain:

- no pain
- very mild pain
- moderate pain
- fairly severe pain
- very severe pain
- the worst imaginable pain

2. Please pick the response that describes your ability to care for yourself (washing, dressing, etc.)

- I can care for myself without pain.
- I can care for myself, but it is very painful
- I can care for myself, but it is very painful and I must move slowly and carefully
- I need some help but I can mostly care for myself
- I need help every day with most of my personal care
- I cannot tolerate these activities and I stay in bed

3. Please rate your ability to lift heavy weights.

- I can lift heavy weights without pain
- I can lift heavy weights, but it is painful
- I cannot lift heavy weights off the floor due to pain, but can lift when items are placed on a table or counter.
- I cannot lift heavy weights due to pain, but can lift medium weight items from a table or counter
- I can lift only very light weights
- I cannot lift anything

4. The next item asks you to rate your ability to walk.

- Pain does not limit my ability to walk
- Pain prevents me from walking more than a mile (about 16 blocks)
- Pain prevents me from walking more than a quarter of a mile (about 4 blocks)
- Pain prevents me from walking more than 100 yards (football field)
- I can only walk using a cane or crutches
- I spend most of my time in bed and I am unable to walk

5. Next, I will ask you to rate your ability to sit.

- Pain does not limit my ability to sit.
- I can sit in my favorite chair without pain.
- Pain prevents me from sitting for more than 1 hour.
- Pain prevents me from sitting for more than 30min.
- Pain prevents me from sitting for more than 10min.
- Pain prevents me from sitting.

6. Next, rate your ability to stand.

- Standing does not cause extra pain
- I can stand as long as I want, but it does cause extra pain
- Pain prevents me from standing for more than 1 hour
- Pain prevents me from standing for more than 30 minutes
- Pain prevents me from standing for more than 10 minutes
- Pain prevents me from standing

7. Does pain interfere with your sleep?

- Never
- Occasionally
- Pain limits me to less than 6 hours of sleep
- Pain limits me to less than 4 hours of sleep
- Pain limits me to less than 2 hours of sleep
- Pain prevents me from sleeping

8. This next item will ask whether pain interferes with your sexual activity. With regards to pain, how would you say your sex life is?

- Normal and causes no extra pain
- Normal, but causes some extra pain
- Nearly normal, but is very painful
- Severely restricted by pain
- Nearly absent because of pain
- Not sexually active

9. Next, I will ask you whether pain interferes with your social activity. With regards to pain, how would you rate your social life.

- Normal and causes no extra pain.
- Normal, but causes some extra pain.
- Pain limits my social life, but I still try to go out.
- Pain limits my social life. I do not go out as often as I'd like.
- I do not go out. Pain keeps me at home.
- I have no social life because of pain

10. With regard to pain, rate your ability to travel.

- I can travel without pain.
- I can travel but it does cause increased pain.
- I can tolerate travel over 2 hrs, but the pain is bad.
- Pain restricts my travel to less than one hour.
- Pain restricts my travel to less than 30 minutes.
- Pain prevents all my travel except to receive medical care.

Total ODI Sum Score \_\_\_\_\_

## EQ-5D

EQ-5D Date of Administration \_\_\_\_\_

EQ-5D Version

- EQ-5D-3L
- N2QOD

EQ-5D Administration

- Interview
- Self-administration

EQ-5D Interview

- At office visit
- Via telephone (preferred)

EQ-5D Self-administered

- At office visit
- At home
- Via Internet

**Introduction to EQ-5D** We are trying to find out what you think about your health. I will ask you a few brief and simple questions about your own health state today. I will then ask you to do a different task that involves rating your health on a measuring scale. I will explain the tasks fully as I go along but please interrupt me if you do not understand something or if things are not clear to you. Please also remember that there are no right or wrong answers. We are interested here only in your personal view. First I am going to read out some questions. Each question has a choice of three answers. Please tell me which answer best describes your own health state today. Do not choose more than one answer in each group of questions.

First I'd like to ask you about mobility. Would you say you have...

- No problems in walking about?
- Some problems in walking about?
- You are confined to bed?

Next I'd like to ask you about self-care. Would you say you have...

- No problems with self-care?
- Some problems washing or dressing myself?
- You are unable to wash or dress myself?

Next I'd like to ask you about your usual activities, for example work, study, housework, family or leisure activities. Would you say you have...

- No problems with performing your usual activities?
- Some problems with performing your usual activities?
- You are unable to perform your usual activities?

Next I'd like to ask you about pain or discomfort. Would you say you have...

- No pain or discomfort
- Moderate pain or discomfort
- Extreme pain or discomfort

Finally I'd like to ask you about anxiety or depression. Would you say you are...

- Not anxious or depressed?
- Moderately anxious or depressed?
- Extremely anxious or depressed?

Calculated Pseudo-score

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EQ-5D score

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EQ VAS Introduction I would now like to ask you a different task. To help you say how good or bad your health state is, I'd like you to try to picture in your mind a scale that looks a bit like a thermometer. Can you do that? The best health state you can imagine is marked 100 (one hundred) at the top of the scale and the worst state you can imagine is marked 0 (zero) at the bottom. EQ VAS - Task I would now like you to tell me the point on this scale where you would put your own health state today.

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