Peripheral Neuropathy

Quality-of-Life Instrument - 97

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INSTRUCTIONS FOR FILLING OUT SURVEY

1. This survey asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.
2. This survey includes a wide variety of questions about your health and your life. We are interested in how you feel about each of these issues.
3. Several items in the survey ask about your health in general. Other items ask about the effect of peripheral neuropathy on your life. Some items will ask about limitations related to your peripheral neuropathy, and some items will ask about your well-being. Some questions may look like others, but each one is different. Please answer every question as honestly as possible. If you are unsure about how to answer a question, please give the best answer you can. This will allow us to have an accurate picture of the different experiences of individuals with peripheral neuropathy.
4. Please feel free to ask the site coordinator for assistance if you need help reading or marking the form.
5. If any pages are missing, please notify the site coordinator at once.

THANK YOU FOR COMPLETING THIS SURVEY

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- Section I -

The questions in **Section I** ask for your views about your health in general.

As you answer these questions, please consider **ALL** your health problems.

1. In general, would you say your health is: *(Mark an ☒ in the one box that best describes your answer.)*

   Excellent .... ☐ 1
   Very good .... ☐ 2
   Good .... ☐ 3
   Fair .... ☐ 4
   Poor .... ☐ 5

2. **Compared to six months ago**, how would you rate your health in general **now**?

   Much better now than six months ago .... ☐ 1
   Somewhat better now than six months ago .... ☐ 2
   About the same .... ☐ 3
   Somewhat worse now than six months ago .... ☐ 4
   Much worse now than six months ago .... ☐ 5

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3. The following questions are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

(Mark an ☒ in a box on each line.)

	Yes, limited a lot	Yes, limited a little	No, not limited at all
a. **Vigorous activities**, such as running, lifting heavy objects, participating in strenuous sports	☐ 1	☐ 2	☐ 3
b. **Moderate activities**, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	☐ 1	☐ 2	☐ 3
c. Lifting or carrying groceries	☐ 1	☐ 2	☐ 3
d. Climbing **several** flights of stairs	☐ 1	☐ 2	☐ 3
e. Climbing **one** flight of stairs	☐ 1	☐ 2	☐ 3
f. Bending, kneeling, or stooping	☐ 1	☐ 2	☐ 3
g. Walking **more than a mile**	☐ 1	☐ 2	☐ 3
h. Walking **several hundred yards**	☐ 1	☐ 2	☐ 3
i. Walking **one hundred yards**	☐ 1	☐ 2	☐ 3
j. Bathing and dressing yourself	☐ 1	☐ 2	☐ 3

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4. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? *(Mark an ☒ in a box on each line.)*

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the **amount of time** you spent on work or other activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. **Accomplished less** than you would have liked?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. Were limited in the **kind** of work or other activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. Had **difficulty** performing the work or other activities? (for example, it took extra effort)..	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

5. During the **past 4 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

(Mark an ☒ in a box on each line.)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Cut down on the amount of time you spend on work or other activities?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Accomplished less than you would have liked?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. Did work or other activities less carefully than usual?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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6. During the **past 4 weeks**, to what extent have your **physical health or emotional problems** interfered with your normal social activities with family, friends, neighbors, or groups? *(Mark an ☒ in one box that best describes your answer.)*

Not at all .... ☐ 1
Slightly .... ☐ 2
Moderately .... ☐ 3
Quite a bit .... ☐ 4
Extremely .... ☐ 5

7. How much **bodily** pain have you had during **the past 4 weeks**?

None .... ☐ 1
Very mild .... ☐ 2
Mild .... ☐ 3
Moderate .... ☐ 4
Severe .... ☐ 5
Very severe .... ☐ 6

8. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

Not at all .... ☐ 1
A little bit .... ☐ 2
Moderately .... ☐ 3
Quite a bit .... ☐ 4
Extremely .... ☐ 5

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9. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks** . . .

(Mark an ☒ in a box on each line.)

	All of the time	**Most of the time**	**Some of the time**	**A little of the time**	**None of the time**
a. Did you feel full of life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Have you been very nervous?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. Have you felt so down in the dumps that nothing could cheer you up?......................................	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. Have you felt downhearted and depressed?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g. Did you feel worn out?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
h. Have you been happy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
i. Did you feel tired?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
j. Have you felt depressed?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
k. Have you enjoyed life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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10. During the **past 4 weeks**, how much of the time have your **physical health or emotional problems** interfered with your social activities (like visiting with friends, relatives, etc.)?

(Mark an ☒ in the one box that best describes your answer.)

All of the time .... ☐ 1
Most of the time .... ☐ 2
Some of the time .... ☐ 3
A little of the time .... ☐ 4
None of the time .... ☐ 5

11. Please choose the answer that best describe how TRUE or FALSE each of the following statements is for you.

(Mark an ☒ in a box on each line.)

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
a. I seem to get sick a little easier than other people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. I am as healthy as anybody I know....................................	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. I expect my health to get worse	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. My health is excellent	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. I have been feeling bad lately	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. I am somewhat ill	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

12. For how many of the **last 30 days** have you been unable to work or attend school **because of your health** (for **any** health reason)?

(Write in a number between 0 and 30)

______________ days out of the last 30 days.

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13. How much of the time during the **past 4 weeks** . . .

(Mark an ☒ in a box on each line.)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
a. Were you frustrated about your health?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Was your health a worry in your life?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. Did you feel weighed down by your health problems?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. Have you had difficulty concentrating and thinking?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. Did you have trouble keeping your attention on an activity for long?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. Have you had trouble with your memory?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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- Section II -

The following questions in **Section II** ask for your views about your symptoms and problems **due to your peripheral neuropathy.** As you answer these questions, please consider **ONLY** your **peripheral neuropathy.**

14. **Because of your peripheral neuropathy**, how much difficulty have you had performing the following activities during the **past 4 weeks**?

(Mark an ☒ in a box on each line.)

	No difficulty	A little difficulty	Moderate difficulty	A great deal of difficulty	Unable to do
a. Washing your hair?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Working buttons, zippers or laces?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. Walking up a ramp?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. Handwriting or printing? .	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. Doing work around the house such as cleaning, yard work, or home maintenance?.................	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. Going to social events outside your home?.........	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g. Holding onto or using small objects such as keys, pens, or coins?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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15. **Because of your peripheral neuropathy**, how careful have you had to be to avoid falling when moving during the **past 4 weeks**?

(Mark an ☒ in the one box that best describes your answer.)

- Didn't have to be careful ☐ 1
- A little careful ☐ 2
- Moderately careful ☐ 3
- Very careful ☐ 4
- Extremely careful ☐ 5

16. **Because of your peripheral neuropathy**, how much pain in your hands have you had during the **past 4 weeks**?

- None ☐ 1
- Very mild ☐ 2
- Mild ☐ 3
- Moderate ☐ 4
- Severe ☐ 5
- Very severe ☐ 6

17. **Because of your peripheral neuropathy**, how much pain in your feet have you had during the **past 4 weeks**?

- None ☐ 1
- Very mild ☐ 2
- Mild ☐ 3
- Moderate ☐ 4
- Severe ☐ 5
- Very severe ☐ 6

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18. Some people are bothered by the **effects of peripheral neuropathy** on their daily life, while others are not. How much do the **effects of peripheral neuropathy** bother you in each of the following areas?

(Mark an ☒ in a box on each line.)

	Not at all bothered	Some-what bothered	Moderately bothered	Very much bothered	Extremely bothered	Don't know
a. Your sleep?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
b. Your ability to work at a paying job?....................	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
c. Your ability to travel?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
d. Your energy level?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
e. Your ability to walk on slick or slippery surfaces?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
f. Your ability to walk on ramps, driveways, or other surfaces that are not level?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
g. Your ability to walk on rough surfaces?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
h. Avoiding objects that could make you fall?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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19. During the **past 4 weeks**, to what extent have **symptoms of your peripheral neuropathy** interfered with your normal social activities with family, friends, neighbors, or groups?

(Mark an ☒ in the one box that best describes your answer.)

Not at all .... ☐ 1

A little bit .... ☐ 2

Moderately .... ☐ 3

Quite a bit .... ☐ 4

Extremely .... ☐ 5

20. For how many of the **past 30 days** have you been unable to work or attend school **because of your peripheral neuropathy**?

(Write in a number between 0 and 30)

_____________ days out of the last 30 days.

21. Overall, during **the past 6 months,** how would you rate the severity of your peripheral neuropathy symptoms?

(Mark an ☒ in the one box that best describes your answer.)

No symptoms .... ☐ 1

Mild symptoms .... ☐ 2

Moderate symptoms.. ☐ 3

Severe symptoms .... ☐ 4

Extremely severe symptoms .... ☐ 5

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22. How TRUE or FALSE is each of the following statements for you.

(Mark an ☒ in a box on each line.)

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
a. I am embarrassed about how I look in public	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. I am comfortable in social situations......................	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. I avoid doing some things in public because of my peripheral neuropathy.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. I worry about falling in front of other people	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. I feel well-coordinated	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. I often have to explain how my peripheral neuropathy limits what I can do	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

23. How TRUE or FALSE is each of the following statements for you.

Because of your peripheral neuropathy, other people . . .

(Mark an ☒ in a box on each line.)

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
a. Are uncomfortable around you	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Treat you as inferior	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. Avoid you	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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- Section III -

These questions are about general symptoms or health problems you may or may not have.

24. For each symptom, please indicate **how much it bothered you during the past 4 weeks.** In answering each question, if you do not have that symptom at all, please indicate that you are **not at all bothered.**

(Mark an ☒ in a box on each line.)

	Not at all bothered	Somewhat bothered	Moderately bothered	Very much bothered	Extremely bothered
a. Muscle or joint aches?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Pain in arms or legs?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. "Shaky" hands?........................	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. Unsteadiness on your feet?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. Trouble with your balance?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f. Difficulty feeling the shape of objects in your hand?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
g. Stiffness or tightness of your hands or feet?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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The next set of questions is about your sexual function and your satisfaction with sexual function.

25. **During the past 4 weeks**, how much of a problem for you was lack of sexual interest? *(Mark an ☒ in the one box that best describes your answer.)*

Not a problem.. ☐ 1
A little of a problem .... ☐ 2
Somewhat of a problem .... ☐ 3
Very much of a problem........................... ☐ 4

26. **During the past 4 weeks,** did your health interfere with your sexual relationships?

No, not at all .... ☐ 1
Yes, a little bit .... ☐ 2
Yes, somewhat .... ☐ 3
Yes, quite a bit .... ☐ 4
Yes, a great deal .... ☐ 5

27. Overall, how satisfied were you with your sexual function **during the past 4 weeks?**

Very satisfied.. ☐ 1
Somewhat satisfied .... ☐ 2
Neither satisfied nor dissatisfied.............. ☐ 3
Somewhat dissatisfied.............................. ☐ 4
Very dissatisfied .... ☐ 5

28. Have you had any sexual activity **in the past 4 weeks?**

(Mark an ☒ in the one box that best describes you answer)

Yes.. ☐ 1
No .... ☐ 2

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29. How often **during the past 4 weeks** did you . . .

(Mark an ☒ in a box on each line.)

	All of the time	Most of the time	Some of the time	Little of the time	None of the time
a. Get enough sleep to feel rested upon waking in the morning?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. Awaken short of breath or with a headache?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. Have trouble falling asleep?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. Have trouble staying awake during the day?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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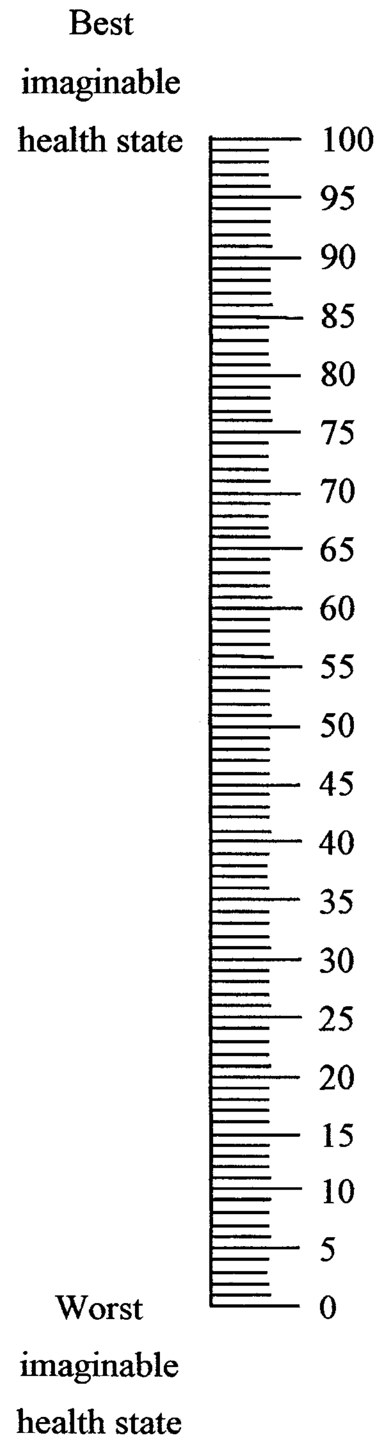
- Section IV -

This question asks about your current overall health.

30. To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked by 100 and the worst state you can imagine is marked by 0.

    We would like you to indicate on this scale how good or bad your own health is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your current health is.



Your own health today

On the 0 to 100 thermometer above, my own health today is: ______ .

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- Section V -

The questions in **Section V** ask about your feelings in general, not just those related to your health.

31. How much do you agree or disagree with each statement below?

(Mark an ☒ in a box on each line)

	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
a. I feel that I have a number of good qualities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b. I feel I do not have much to be proud of	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c. On the whole, I am satisfied with myself	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d. I certainly feel useless at times	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
e. At times I think I am no good at all	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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