

Appendix

ECOS-16 QUESTIONNAIRE

During the last week and because of your back problems due to osteoporosis,

Interpretación de la puntuación: a mayor puntuación, peor calidad de vida.

1. How often have you had back pain in the last week?

- 1. I have not had back pain
- 2. 1 day
- 3. 2-3 days
- 4. 4-6 days
- 5. Every day

2. How severe is your back pain?

- 1. I have not had back pain
- 2. Mild
- 3. Moderate
- 4. Severe
- 5. Intolerable

3. How much distress or discomfort have you had because it has been painful to stand for a long time?

- 1. No discomfort or suffering
- 2. Slight discomfort or suffering
- 3. Moderate discomfort or suffering
- 4. Severe discomfort or suffering
- 5. Very severe discomfort or suffering

4. How much distress or discomfort have you had due to pain from bending?

- 1. No discomfort or suffering
- 2. Slight discomfort or suffering
- 3. Moderate discomfort or suffering
- 4. Severe discomfort or suffering
- 5. Very severe discomfort or suffering

5. Has the back pain disturbed your sleep in the last week?

- 1. On no occasion
- 2. One night
- 3. Two nights
- 4. Three or four nights
- 5. Every night

6. How difficult has it been for you to carry out the household activities?

- 1. No difficulty
- 2. Slight difficulty
- 3. Moderate difficulty
- 4. Great difficulty
- 5. I was unable to do anything

7. Can you climb stairs to the next floor of a house?

- 1. No difficulty
- 2. Slight difficulty
- 3. I had to rest at least once
- 4. I could only climb the stairs with help
- 5. I was unable to climb the stairs

8. Do you have problems with dressing?

- 1. No difficulty
- 2. I can dress myself with slight difficulty
- 3. I can dress myself with moderate difficulty
- 4. I sometimes need help to dress myself
- 5. I cannot dress myself unaided

9. How difficult has it been for you to bend?

- 1. No difficulty
- 2. Slight difficulty
- 3. Moderate difficulty
- 4. Great difficulty

5. I am unable to bend down

10. How much has your walking been limited?

1. Not limited

2. Slightly limited

3. Moderately limited

4. Very limited

5. I am unable to walk

11. How difficult has it been for you to visit friends or relatives?

1. No difficulty

2. Slight difficulty

3. Moderate difficulty

4. Great difficulty

5. I have been unable to visit family or friends

12. Do you feel downhearted?

1. No

2. Rarely

3. Sometimes

4. Often

5. Always

13. Are you hopeful about your future?

1. Always

2. Often

3. Sometimes

4. Rarely

5. No

14. Do you feel frustrated?

1. No

2. Rarely

3. Sometimes

4. Often

5. Always

15. Are you afraid of falling?

1. No

2. Rarely

3. Sometimes

4. Often

5. Always

16. Are you afraid of getting a fracture?

1. No

2. Rarely

3. Sometimes

4. Often

5. Always