

**THE OSTEOPOROSIS ASSESSMENT QUESTIONNAIRE
(OPAQ™ Version 2.0)**

Osteoporosis Treatment Study For Raloxifene

Patient Number _____

Site Number _____

Investigator Number _____

Visit Number _____

North America/Australia/New Zealand

Please answer the following questions about your health. Most questions ask about your health during the past two weeks. There are no right or wrong answers to the questions and most can be answered with a simple “3” or “5”. It is very important that you answer every question.

1. Would you please circle the number that best indicates how you would rate your quality of life related to health or illness at this time.

☺ 10 9 8 7 6 5 4 3 2 1 0 ☹
Best Possible Worst Possible
Quality of Life Quality of Life

2. Would you please circle the number that best indicates how you would rate your overall quality of life at this time.

☺ 10 9 8 7 6 5 4 3 2 1 0 ☹
Best Possible Worst Possible
Quality of Life Quality of Life

3. Compared to one year ago, how has your overall quality of life changed, if any?

- _____ a. ☺☺☺ The best it has ever been
- _____ b. ☺☺ Much better
- _____ c. ☺ Somewhat better
- _____ d. ☺ No change; it is the same as one year ago
- _____ e. ☹ Somewhat worse
- _____ f. ☹☹ Much worse
- _____ g. ☹☹☹ The worst it has ever been

4. Compared to one year ago, how has your health- or illness-related quality of life changed, if any?

- _____ a. ☺☺☺ The best it has ever been
- _____ b. ☺☺ Much better
- _____ c. ☺ Somewhat better
- _____ d. ☺ No change; it is the same as one year ago
- _____ e. ☹ Somewhat worse
- _____ f. ☹☹ Much worse
- _____ g. ☹☹☹ The worst it has ever been

5. If your overall quality of life has changed in the past year, why has it changed? Check all answers that apply.

- _____ a. Financial changes
- _____ b. Changes in my physical health

- _____ c. Changes in my emotional health
- _____ d. Changes in my social life
- _____ e. Changes in my family or friends
- _____ f. I do not know
- _____ g. No change in my quality of life

6. Please check all answers that describe your current living situation.

- a. I live alone in a house or apartment
- b. I live with a spouse or partner in a house or apartment
- c. I have someone who helps me with heavy housework
- d. I have someone who helps me with most of my housework
- e. I have someone who helps me when I do activities outside the home
- f. I have a full-time aide who helps me during the day
- g. I live in the house of a family member or friend
- h. I live in a board-and-care facility or other group facility
- i. I live in a nursing home

The next 7 questions refer to WALKING AND BENDING.

DURING THE PAST TWO WEEKS:

7. How often were you able to do daily shopping or errands?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

8. How often were you in a bed or chair for most of the day?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

9. How often were you able to do sports and games that you would like to do?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

10. How often were you able to walk as much as you needed to do?

- a. All Days
- b. Most Days
- c. Some Days

- d. Few Days
- e. No Days

11. How often did you have trouble bending, lifting or stooping?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

12. How often did you have trouble either walking one block or climbing one flight of stairs?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

13. How often did you need to use a cane, crutches, walker, or companion while walking?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

The next 3 questions refer to STANDING AND SITTING.

DURING THE PAST TWO WEEKS:

14. How often did you have trouble standing as much as you needed to do?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

15. How often did you have trouble sitting as much as you needed to do?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

16. How often did you feel that your back tired easily?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

The next 3 questions refer to DRESSING AND REACHING TASKS.

DURING THE PAST TWO WEEKS:

17. Could you easily put on or take off a pair of stockings and/or underwear?
- a. All Days
 - b. Most Days
 - c. Some Days
 - d. Few Days
 - e. No Days

18. Could you easily comb, brush, or style your hair?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

19. Could you easily reach shelves that were above your head?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

The next 4 questions refer to HOUSEHOLD AND SELF-CARE TASKS.

DURING THE PAST TWO WEEKS:

20. Have you had to change the way you bathe yourself?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

21. Have you had to change the types of clothes you wear because of difficulty in dressing?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

22. How often were you able to do light housework such as cooking without help?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

23. How often were you able to do heavy housework such as vacuuming without help?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

The next 4 questions refer to TRANSFERS (Getting up and down).

DURING THE PAST TWO WEEKS:

24. How often did you have trouble getting in or out of bed?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

25. How often did you have trouble getting in or out of a chair?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

26. How often did you have trouble getting on or off the toilet?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

27. How often did you have trouble getting in and out of cars or public transportation?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

The next 5 questions refer to FALLS.

DURING THE PAST TWO WEEKS:

28. How often were you afraid that you would fall?

- a. Always
- b. Very Often
- c. Sometimes

- d. Almost Never
- e. Never

29. How often were you afraid that you would accidentally break or fracture a bone?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

30. How often did you feel that you were losing your balance?
- a. Always
 - b. Very Often
 - c. Sometimes
 - d. Almost Never
 - e. Never
31. How often did you use a handrail or other support when walking up or down stairs?
- a. Always
 - b. Very Often
 - c. Sometimes
 - d. Almost Never
 - e. Never
32. How often did fear of falling keep you from doing what you wanted to do?
- a. Always
 - b. Very Often
 - c. Sometimes
 - d. Almost Never
 - e. Never

The next 3 questions refer to SOCIAL ACTIVITY.

DURING THE PAST TWO WEEKS:

33. How often did you have friends or relatives over to your house?
- a. All Days
 - b. Most Days
 - c. Some Days
 - d. Few Days
 - e. No Days
34. How often did you visit friends or relatives at their homes?
- a. All Days
 - b. Most Days
 - c. Some Days
 - d. Few Days
 - e. No Days

35. How often were you able to go to church, meetings, movies or other outside activities?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

The next 2 questions refer to SUPPORT FROM FAMILY AND FRIENDS.

DURING THE PAST TWO WEEKS:

36. Did you feel that your family or friends would be around if you needed assistance?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

37. Did you feel that your family or friends were sensitive to your personal needs?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

The next 4 questions refer to BACK ACHE AND PAIN.

DURING THE PAST TWO WEEKS:

38. How often did you have any back ache or pain?

- a. All Days
- b. Most Days
- c. Some Days
- d. Few Days
- e. No Days

39. How would you describe the back ache or pain you usually had?

- a. Severe
- b. Moderate
- c. Mild
- d. Very Mild
- e. None, I had no back pain

40. How often did your back feel stiff for more than one hour from the time you woke up?

- a. All Days
- b. Most Days

- _____ c. Some Days
- _____ d. Few Days
- _____ e. No Days

41. How often did back ache or pain keep you from doing what you wanted to do?

- _____ a. All Days
- _____ b. Most Days
- _____ c. Some Days
- _____ d. Few Days
- _____ e. No Days

The next 2 questions refer to FATIGUE.

DURING THE PAST TWO WEEKS:

42. How often did you feel well rested in the morning?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

43. How often did you feel tired during the day?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

The next question refers to your USUAL WORK.

DURING THE PAST TWO WEEKS:

44. How often were you able to do your usual daily work, either at home, as a volunteer, at school, or at a paid job?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

The next 5 questions refer to LEVEL OF TENSION

DURING THE PAST TWO WEEKS:

45. How often have you felt tense or high strung?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

46. How often have you been bothered by nervousness or your nerves?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

47. How often have you felt stressed by your daily life?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

48. How often have you felt relaxed and free of tension?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

49. How often have you felt calm and peaceful?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

The next 3 questions refer to BODY IMAGE.

DURING THE PAST TWO WEEKS:

50. How often were you aware of changes in your body when trying on clothes?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

51. How often were you bothered by the way your back looks?

- a. Always
- b. Very Often
- c. Sometimes
- d. Almost Never
- e. Never

52. How often were you concerned by changes in the way your body looks?

- _____ a. Always
- _____ b. Very Often
- _____ c. Sometimes
- _____ d. Almost Never
- _____ e. Never

The next 3 questions refer to INDEPENDENCE.

DURING THE PAST TWO WEEKS:

53. How often did you feel confident you could live on your own without assistance?
- a. Always
 - b. Very Often
 - c. Sometimes
 - d. Almost Never
 - e. Never
54. How often did you have to rely on others for assistance in daily activities?
- a. Always
 - b. Very Often
 - c. Sometimes
 - d. Almost Never
 - e. Never
55. How often were you worried that you might not be able to take care of yourself in the future?
- a. Always
 - b. Very Often
 - c. Sometimes
 - d. Almost Never
 - e. Never

The next 12 questions ask you to rate the importance of different daily activities to you.

IMPORTANCE OF DAILY ACTIVITIES:

56. How important to you is doing your daily shopping or errands?
- a. Not Important
 - b. Somewhat Important
 - c. Very Important
 - d. Extremely Important
57. How important to you is being able to do sports and games that you would like to do?
- a. Not Important
 - b. Somewhat Important
 - c. Very Important

_____ d. Extremely Important

58. How important to you is being able to do heavy housework such as vacuuming?

_____ a. Not Important

_____ b. Somewhat Important

_____ c. Very Important

_____ d. Extremely Important

59. How important to you is being able to do light housework such as cooking?
- a. Not Important
 - b. Somewhat Important
 - c. Very Important
 - d. Extremely Important
60. How important to you is being able to do your usual daily work, either at home, as a volunteer, at school, or at a paid job?
- a. Not Important
 - b. Somewhat Important
 - c. Very Important
 - d. Extremely Important
61. How important to you is spending time with your friends and family?
- a. Not Important
 - b. Somewhat Important
 - c. Very Important
 - d. Extremely Important
62. How important to you is walking as much as you need to do?
- a. Not Important
 - b. Somewhat Important
 - c. Very Important
 - d. Extremely Important
63. How important to you is going to church, meetings, movies, or other outside activities?
- a. Not Important
 - b. Somewhat Important
 - c. Very Important
 - d. Extremely Important
64. How important to you is getting out of your bed or chair for most of the day?
- a. Not Important
 - b. Somewhat Important
 - c. Very Important
 - d. Extremely Important
65. How important to you is feeling free of back pain?

- _____ a. Not Important
- _____ b. Somewhat Important
- _____ c. Very Important
- _____ d. Extremely Important

66. How important to you is your emotional health (feeling anxious, depressed, or stressed out)?

- _____ a. Not Important
- _____ b. Somewhat Important
- _____ c. Very Important
- _____ d. Extremely Important

67. How important to you is being independent?

- a. Not Important
- b. Somewhat Important
- c. Very Important
- d. Extremely Important

Thank you very much for your time.