This questionnaire contains 19 questions about aspects of your life after the accident that caused your spine injury. Please read the questions and the description of the scale carefully. Please answer ALL questions and answer each question with one cross (" X ") on the scale. This should reflect how you function NOW compared to BEFORE the accident.

The scale ranges from 0 to 100. It is important to realize that 0 indicates a level at which you are NON-FUNCTIONAL. 100 indicates the level BEFORE the accident, no matter how well or poorly you functioned before the accident.

Below is an example.

0. Reading

I am NON-FUNCTIONAL

EXAMPLE

I function as well as BEFORE my accident

To be completed by the PATIENT

The questionnaire begins here.

In almost all questions, a number of situations or examples are shown in brackets. Please base your answer on the situation or example where you are most disabled.

1. Household activities (such as cleaning in and around the house, doing laundry or preparing a meal)

2. Work/study (if you were not working or studying BEFORE the accident, please skip this question)

(To be filled out by the health professional)

Study identification code: ____________

3. Recreation and leisure (such as hobbies or sports)

4. Social life (such as maintaining relationships with family, friends and acquaintances)

5. Walking (with or without an aid)

6. Travel (such as driving yourself, using public transportation or other means of transport)

7. Changing posture (such as lying down, sitting or standing)

8. Maintaining posture (such as lying down, sitting or standing, for as long as necessary)

(To be filled out by the health professional)

Study identification code: ____________
9. Lifting and carrying (such as lifting a bag of groceries or carrying a child)

I am NON-FUNCTIONAL

I function as well as BEFORE my accident

10. Personal care (such as taking a bath or shower, using the toilet or dressing and undressing)

I am NON-FUNCTIONAL

I function as well as BEFORE my accident

11. Urinating (are you able to urinate; can you hold your urine)

I am NON-FUNCTIONAL

I function as well as BEFORE my accident

12. Bowel movement (are you able to have a bowel movement; can you hold your bowel movement)

I am NON-FUNCTIONAL

I function as well as BEFORE my accident

13. Sexual function

I am NON-FUNCTIONAL

I function as well as BEFORE my accident

14. Emotional function (such as gloomy, worried or anxious feelings)

I am NON-FUNCTIONAL

I function as well as BEFORE my accident

(To be filled out by the health professional)

Study identification code: ________________

15. Energy level (such as fatigue or listlessness)

I am NON-FUNCTIONAL

I function as well as BEFORE my accident

16. Sleep (such as number of hours and quality)

I am NON-FUNCTIONAL

I function as well as BEFORE my accident

17. Stiffness of your neck and/or back (in terms of disability in overall performance)

I am NON-FUNCTIONAL

I function as well as BEFORE my accident

18. Loss of strength in your arms and/or legs (in terms of disability in overall performance)

I am NON-FUNCTIONAL

I function as well as BEFORE my accident

19. Back and/or neck pain (in terms of disability in overall performance)

I am NON-FUNCTIONAL

I function as well as BEFORE my accident

(To be filled out by the health professional)

Study identification code: ______________