Spine Oncology Study Group Outcomes Questionnaire 2.0
(SOSGOQ2.0)

Directions: This set of questions asks for how you view your health status. Please think about your level of functioning and symptoms over the past 4 weeks while filling out this questionnaire. It is important that you answer each of the questions **YOURSELF.** Mark **ONLY ONE ANSWER** for each question. Questions 21-27 should only be completed **AFTER** your treatment, at follow-up visits.

1. **What is your level of activity?**
   - Full activities without restriction
   - Moderate activities out of house
   - Mobility limited to within house
   - Bed to chair activity
   - Bedridden

2. **What is your ability to work (including at home)/study?**
   - Unlimited
   - 4-8 hours per day
   - 2-4 hours per day
   - Less than 2 hours per day
   - Not at all

3. **Does your spine limit your ability to care for yourself?**
   - Not at all
   - A little bit
   - Somewhat
   - Quite a bit
   - Very much

4. **Do you require assistance from others to travel outside the home?**
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often

5. **What assistance do you need with your walking?**
   - None
   - A cane
   - A walker/2 canes
   - Assistance from others
   - Cannot walk at all

6. **Do you leave the house for social functions?**
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often

7. **Do you have weakness in your legs?**
   - None
   - Mild occasionally
   - Mild constantly
   - Moderate constantly
   - Severe constantly

8. **Do you have weakness in your arms?**
   - None
   - Mild occasionally
   - Mild constantly
   - Moderate constantly
   - Severe constantly

9. **Do you have difficulty controlling your bowel function beyond episodes of diarrhea/constipation?**
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often

10. **Do you have difficulty controlling your bladder function?**
    - Never
    - Rarely
    - Sometimes
    - Often
    - Requires catheterization

11. **Overall, on average, how much back/neck pain do you have?**
    - None
    - Very mild
    - Mild
    - Moderate
    - Severe

12. **When you are in your most comfortable position, do you still experience back/neck pain (limiting your sleep)?**
    - Never
    - Rarely
    - Sometimes
    - Often
    - Very often
13. How much has your pain limited your mobility (sitting, standing, walking)?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Constantly

14. How confident do you feel in your ability to manage your pain on your own?
   - Not confident at all
   - Minimally confident
   - Moderately confident
   - Mostly confident
   - Completely confident

15. When I feel pain, it is awful and I feel that it overwhelms me.
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often

16. Have you felt depressed?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often

17. Do you feel anxiety about your health related to your spine?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often

18. Does your spine influence your ability to concentrate on conversations, reading, and television?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often

19. Do you feel that your spine condition affects your personal relationships?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often

20. Are you comfortable meeting new people?
   - Never
   - Rarely
   - Sometimes
   - Often
   - Very often

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Complete only AFTER your treatment

21. Are you satisfied with the results of your spine tumor management?
   - Very satisfied
   - Somewhat satisfied
   - Neither satisfied nor dissatisfied
   - Somewhat dissatisfied
   - Very dissatisfied

22. Would you choose the same management of your spine tumor again?
   - Definitely yes
   - Probably yes
   - Not sure
   - Probably not
   - Definitely not

23. How has treatment of your spine changed your physical function and ability to pursue activities of daily living?
   - Much better
   - Somewhat better
   - No change
   - Somewhat worse
   - Much worse

24. How has treatment of your spine affected your spinal cord and/or nerve function?
   - Much better
   - Somewhat better
   - No change
   - Somewhat worse
   - Much worse

25. How has your treatment affected your overall pain from your spine?
   - Much better
   - Somewhat better
   - No change
   - Somewhat worse
   - Much worse

26. How has treatment of your spine changed your depression and anxiety?
   - Much better
   - Somewhat better
   - No change
   - Somewhat worse
   - Much worse

27. How has treatment of your spine changed your ability to function socially?
   - Much better
   - Somewhat better
   - No change
   - Somewhat worse
   - Much worse