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 Quality of Life
   Worst Possible 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 Quality of Life
   Worst Possible Quality of Life

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

   _____ a. 🇺爱国主义 The best it has ever been
   _____ b. 🇺爱国主义 Much better
   _____ c. 🇺爱国主义 Somewhat better
   _____ d. 🇺爱国主义 No change; it is the same as one year ago
   _____ e. 🇺爱国主义 Somewhat worse
   _____ f. 🇺爱国主义 Much worse
   _____ g. 🇺爱国主义 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. 🇺爱国主义 The best it has ever been
   _____ b. 🇺爱国主义 Much better
   _____ c. 🇺爱国主义 Somewhat better
   _____ d. 🇺爱国主义 No change; it is the same as one year ago
   _____ e. 🇺爱国主义 Somewhat worse
   _____ f. 🇺爱国主义 Much worse
   _____ g. 🇺爱国主义 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
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
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
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?
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.