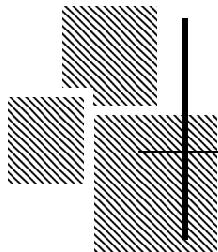


**ADMISSION TIME**

In the following list you will find some items relating your common life. Please read the questions and mark the box corresponding to YES for any problem you are actually experiencing, and the box corresponding to NO for any problem you do not experience now. You are asked to give an answer to all questions. In case you are not sure about the answer to give, please mark the box corresponding to the answer most likely to match your condition.

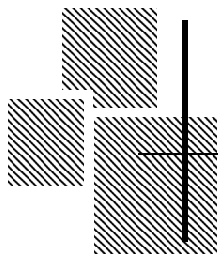
QOL1	I feel always tired	<input type="checkbox"/>	<input type="checkbox"/>
QOL2	I feel suffering at night	<input type="checkbox"/>	<input type="checkbox"/>
QOL3	My situation is depressing	<input type="checkbox"/>	<input type="checkbox"/>
QOL4	I can hardly stay my pain	<input type="checkbox"/>	<input type="checkbox"/>
QOL5	I always take pills to sleep	<input type="checkbox"/>	<input type="checkbox"/>
QOL6	I hardly remember what is having fun	<input type="checkbox"/>	<input type="checkbox"/>
QOL7	I feel nervous	<input type="checkbox"/>	<input type="checkbox"/>
QOL8	I have difficulties in change position	<input type="checkbox"/>	<input type="checkbox"/>
QOL9	I feel alone	<input type="checkbox"/>	<input type="checkbox"/>
QOL10	I can walk by myself at home	<input type="checkbox"/>	<input type="checkbox"/>
QOL11	I have some trouble in bending	<input type="checkbox"/>	<input type="checkbox"/>
QOL12	Everything is costing me fatigue	<input type="checkbox"/>	<input type="checkbox"/>
QOL13	I wake up early in the morning	<input type="checkbox"/>	<input type="checkbox"/>
QOL14	I can't walk at all	<input type="checkbox"/>	<input type="checkbox"/>
QOL15	I have trouble in having relationships with people	<input type="checkbox"/>	<input type="checkbox"/>
QOL16	Days are long to go over	<input type="checkbox"/>	<input type="checkbox"/>
QOL17	I have trouble in going up the stairs	<input type="checkbox"/>	<input type="checkbox"/>
QOL18	I have trouble in reaching things I need	<input type="checkbox"/>	<input type="checkbox"/>
QOL19	I feel suffering at walking	<input type="checkbox"/>	<input type="checkbox"/>
QOL20	I can hardly keep quiet	<input type="checkbox"/>	<input type="checkbox"/>
QOL21	I have the feeling nobody is taking care of me	<input type="checkbox"/>	<input type="checkbox"/>
QOL22	I stay awake most of the night	<input type="checkbox"/>	<input type="checkbox"/>
QOL23	I feel like losing the control	<input type="checkbox"/>	<input type="checkbox"/>
QOL24	I feel pain standing up	<input type="checkbox"/>	<input type="checkbox"/>
QOL25	I have troubles in dressing	<input type="checkbox"/>	<input type="checkbox"/>
QOL26	I loose energies very quickly	<input type="checkbox"/>	<input type="checkbox"/>
QOL27	I have troubles in waiting standing up	<input type="checkbox"/>	<input type="checkbox"/>
QOL28	I feel a continuous pain	<input type="checkbox"/>	<input type="checkbox"/>
QOL29	It takes a long time to sleep	<input type="checkbox"/>	<input type="checkbox"/>
QOL30	I feel like to be a trouble for other people	<input type="checkbox"/>	<input type="checkbox"/>
QOL31	Worries keep me awake the night long	<input type="checkbox"/>	<input type="checkbox"/>
QOL32	I feel like is not worth living	<input type="checkbox"/>	<input type="checkbox"/>
QOL33	I sleep bad at night	<input type="checkbox"/>	<input type="checkbox"/>
QOL34	I have problems in having relationship with people	<input type="checkbox"/>	<input type="checkbox"/>
QOL35	I need help to walk at home	<input type="checkbox"/>	<input type="checkbox"/>
QOL36	I feel pain in going down the stairs	<input type="checkbox"/>	<input type="checkbox"/>
QOL37	I wake up depressed	<input type="checkbox"/>	<input type="checkbox"/>
QOL38	I feel pain in sitting down	<input type="checkbox"/>	<input type="checkbox"/>



***ADMISSION TIME***

We would like to know now with kind of activities are influenced by your health status. Please read the questions and mark the box corresponding to YES for any problem you are actually experiencing, and the box corresponding to NO for any problem you do not experience now. You health status is giving you trouble in:

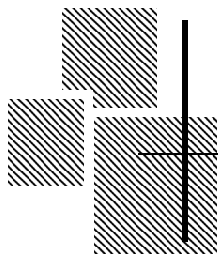
- |       |  |                            |                            |
|-------|--|----------------------------|----------------------------|
| QOL39 | Your professional work                               | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL40 | Your work at home (cleaning, washing, cooking, ....) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL41 | You social life (meet friends, go to the bar, ...)   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL42 | Home life (relations with your family)               | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL43 | Sexual life  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL44 | Hobbies and interests (fishing, hunting,...)         | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL45 | Vacations (travel,...)                               | <input type="checkbox"/> Y | <input type="checkbox"/> N |



***FOLLOW-UP TIME***

In the following list you will find some items relating your common life. Please read the questions and mark the box corresponding to YES for any problem you are actually experiencing, and the box corresponding to NO for any problem you do not experience now. You are asked to give an answer to all questions. In case you are not sure about the answer to give, please mark the box corresponding to the answer most likely to match your condition.

QOL46	I feel always tired	<input type="checkbox"/>	<input type="checkbox"/>
QOL47	I feel suffering at night	<input type="checkbox"/>	<input type="checkbox"/>
QOL48	My situation is depressing	<input type="checkbox"/>	<input type="checkbox"/>
QOL49	I can hardly stay my pain	<input type="checkbox"/>	<input type="checkbox"/>
QOL50	I always take pills to sleep	<input type="checkbox"/>	<input type="checkbox"/>
QOL51	I hardly remember what is having fun	<input type="checkbox"/>	<input type="checkbox"/>
QOL52	I feel nervous	<input type="checkbox"/>	<input type="checkbox"/>
QOL53	I have difficulties in change position	<input type="checkbox"/>	<input type="checkbox"/>
QOL54	I feel alone	<input type="checkbox"/>	<input type="checkbox"/>
QOL55	I can walk by myself at home	<input type="checkbox"/>	<input type="checkbox"/>
QOL56	I have some trouble in bending	<input type="checkbox"/>	<input type="checkbox"/>
QOL57	Everything is costing me fatigue	<input type="checkbox"/>	<input type="checkbox"/>
QOL58	I wake up early in the morning	<input type="checkbox"/>	<input type="checkbox"/>
QOL59	I can't walk at all	<input type="checkbox"/>	<input type="checkbox"/>
QOL60	I have trouble in having relationships with people	<input type="checkbox"/>	<input type="checkbox"/>
QOL61	Days are long to go over	<input type="checkbox"/>	<input type="checkbox"/>
QOL62	I have trouble in going up the stairs	<input type="checkbox"/>	<input type="checkbox"/>
QOL63	I have trouble in reaching things I need	<input type="checkbox"/>	<input type="checkbox"/>
QOL64	I feel suffering at walking	<input type="checkbox"/>	<input type="checkbox"/>
QOL65	I can hardly keep quiet	<input type="checkbox"/>	<input type="checkbox"/>
QOL66	I have the feeling nobody is taking care of me	<input type="checkbox"/>	<input type="checkbox"/>
QOL67	I stay awake most of the night	<input type="checkbox"/>	<input type="checkbox"/>
QOL68	I feel like losing the control	<input type="checkbox"/>	<input type="checkbox"/>
QOL69	I feel pain standing up	<input type="checkbox"/>	<input type="checkbox"/>
QOL70	I have troubles in dressing	<input type="checkbox"/>	<input type="checkbox"/>
QOL71	I loose energies very quickly	<input type="checkbox"/>	<input type="checkbox"/>
QOL72	I have troubles in waiting standing up	<input type="checkbox"/>	<input type="checkbox"/>
QOL73	I feel a continuous pain	<input type="checkbox"/>	<input type="checkbox"/>
QOL74	It takes a long time to sleep	<input type="checkbox"/>	<input type="checkbox"/>
QOL75	I feel like to be a trouble for other people	<input type="checkbox"/>	<input type="checkbox"/>
QOL76	Worries keep me awake the night long	<input type="checkbox"/>	<input type="checkbox"/>
QOL77	I feel like is not worth living	<input type="checkbox"/>	<input type="checkbox"/>
QOL78	I sleep bad at night	<input type="checkbox"/>	<input type="checkbox"/>
QOL79	I have problems in having relationship with people	<input type="checkbox"/>	<input type="checkbox"/>
QOL80	I need help to walk at home	<input type="checkbox"/>	<input type="checkbox"/>
QOL81	I feel pain in going down the stairs	<input type="checkbox"/>	<input type="checkbox"/>
QOL82	I wake up depressed	<input type="checkbox"/>	<input type="checkbox"/>
QOL83	I feel pain in sitting down	<input type="checkbox"/>	<input type="checkbox"/>



*FOLLOW-UP TIME*

We would like to know now with kind of activities are influenced by your health status. Please read the questions and mark the box corresponding to YES for any problem you are actually experiencing, and the box corresponding to NO for any problem you do not experience now. Your health status is giving you trouble in:

- |       |  |                            |                            |
|-------|--|----------------------------|----------------------------|
| QOL84 | Your professional work                               | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL85 | Your work at home (cleaning, washing, cooking, ....) | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL86 | You social life (meet friends, go to the bar, ...)   | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL87 | Home life (relations with your family)               | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL88 | Sexual life  | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL89 | Hobbies and interests (fishing, hunting,...)         | <input type="checkbox"/> Y | <input type="checkbox"/> N |
| QOL90 | Vacations (travel,...)                               | <input type="checkbox"/> Y | <input type="checkbox"/> N |