

Quality of Life Questionnaire for Distal Forearm Fracture

Module to Qualeffo-41

Users of this questionnaire (and all authorized translations) must adhere to the user agreement. Please use the related Scoring Algorithm.

All questions regard the situation in the last week, except question 12. All questions should be answered irrespective of the side of fracture and the side of dominance.

<p>1 Do you still have pain in the fractured forearm or hand?</p>	<p><input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> quite a lot <input type="checkbox"/> very much</p>
<p>2 Do you have numbness or "pins and needles" in the fractured forearm or hand?</p>	<p><input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> quite a lot <input type="checkbox"/> very much</p>
<p>3 Do you have stiffness in the fractured forearm or hand?</p>	<p><input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> quite a lot <input type="checkbox"/> very much</p>
<p>4 Are you disturbed by the deformity of your fractured forearm?</p>	<p><input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> quite a lot <input type="checkbox"/> very much</p>
<p>5 Can you wash or blow dry your hair?</p>	<p><input type="checkbox"/> without difficulty <input type="checkbox"/> with a little difficulty <input type="checkbox"/> with moderate difficulty <input type="checkbox"/> with great difficulty <input type="checkbox"/> impossible</p>

<p>6 Can you turn a door key or unscrew the lid of a jar?</p>	<p><input type="checkbox"/> without difficulty <input type="checkbox"/> with a little difficulty <input type="checkbox"/> with moderate difficulty <input type="checkbox"/> with great difficulty <input type="checkbox"/> impossible</p>
<p>7 Do you have problems with doing your work or homework?</p>	<p><input type="checkbox"/> no difficulty <input type="checkbox"/> a little difficulty <input type="checkbox"/> moderate difficulty <input type="checkbox"/> may need some help <input type="checkbox"/> impossible</p>
<p>8 Do you have problems with typing or writing?</p>	<p><input type="checkbox"/> no difficulty <input type="checkbox"/> a little difficulty <input type="checkbox"/> moderate difficulty <input type="checkbox"/> great difficulty <input type="checkbox"/> impossible</p>
<p>9 Can you use private transport e.g. drive a car or use a bicycle?</p>	<p><input type="checkbox"/> no difficulty <input type="checkbox"/> a little difficulty <input type="checkbox"/> moderate difficulty <input type="checkbox"/> great difficulty <input type="checkbox"/> impossible</p>
<p>10 To what extent has your fractured forearm interfered with your activities during the last week?</p>	<p><input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> quite a lot <input type="checkbox"/> very much</p>
<p>11 Do you need help from your friends or relatives because of your forearm fracture?</p>	<p><input type="checkbox"/> never <input type="checkbox"/> 1 day per week or less <input type="checkbox"/> 2-3 days per week <input type="checkbox"/> 4-6 days per week <input type="checkbox"/> every day</p>
<p>12 Would you say that your quality of life has declined during the last three months because of your forearm fracture?</p>	<p><input type="checkbox"/> not at all <input type="checkbox"/> a little <input type="checkbox"/> moderately <input type="checkbox"/> quite a lot <input type="checkbox"/> very much</p>