

Member Surveys

Assistive Devices

Question Text	Responses
Do you use a magnifier to help your vision?	Yes No
At what age did you start to use a magnifier?	Unsure 1 - 89
Do you use computer software to enlarge text?	Yes No
At what age did you start using the computer software?	Unsure 1 - 89
Do you use computer software to read text to you?	Yes No
At what age did you start to use computer software to read text to you?	Unsure 1 - 89
Do you use a white cane?	Yes No
At what age did you start to use a white cane?	Unsure 1 - 89
Do you use a guide dog?	Yes No
At what age did you start to use a guide dog?	Unsure 1 - 89
Do you use a hand held reader?	Yes No
At what age did you start using a hand held reader?	Unsure 1 - 89
Do you use Braille?	Yes No
At what age did you start to use Braille?	Unsure 1 - 89
Do you use a prosthetic device (examples: Argus II, IRIS II, Alpha IMS)?	Yes No
At what age did you start using a prosthetic device?	Unsure 1 - 89

Current Clinical Trial Participation

Question Text	Responses
Are you currently participating in a clinical trial for your retinal disease?	Yes No Don't know Refused
Where (city name) do you go for your clinic visits while participating in the study?	Free text
What type of treatment is being studied in your clinical trial?	Gene therapy Stem cell therapy Other
What is the name of the clinical trial you are participating in?	Free text

Diagnosis

Question Text	Responses
How old were you when you first began experiencing symptoms with your eyes?	Prenatal At birth After birth but before 1st birthday 1 - 99
Which of the following best describes your CURRENT diagnosis?	Not applicable No Clear Diagnosis Achromatopsia Adult Vitelliform Macular Dystrophy Age-Related Macular Degeneration - Dry Age-Related Macular Degeneration - Mixed Wet and Dry Age-Related Macular Degeneration - Wet Alstrom Syndrome Bardet-Biedl Syndrome (Laurence-Moon Syndrome) Bassen-Kornzweig Syndrome Batten Disease Best Disease Bietti Crystalline Dystrophy Blue Cone Monochromacy Charcot-Marie-Tooth Disease Choroidal Dystrophy Choroideremia Coats Plus Syndrome Cohen Syndrome Cone Dystrophy Cone-Rod Dystrophy Congenital Stationary Night Blindness Enhanced S-Cone Syndrome Fundus Albipunctatus Fundus Flavimaculatis Gyrate Atrophy Jalili Syndrome Joubert Syndrome Knobloch Syndrome Late-Onset Retinal Degeneration Leber Congenital Amaurosis Macular Dystrophy Macular Dystrophy - Juvenile Inherited Mainzer-Saldino Syndrome Mallatia Leventinese North Carolina Macular Dystrophy Oculo-Auricular Syndrome Oguchi Disease Pattern Dystrophy PHARC Poretti-Boltshauser Syndrome Refsum Syndrome Retinitis Pigmentosa Retinitis Pigmentosa - Atypical Retinitis Punctata Albescens Rod Dystrophy Rod Monochromacy Rod-Cone Dystrophy

ROSAH Syndrome
Senior-Loken Syndrome
Sorsby Fundus Dystrophy
Stargardt Disease
Usher Syndrome - Type I
Usher Syndrome - Type II
Usher Syndrome - Type III
Usher Syndrome - Type Unknown
Wagner Syndrome
X-linked Retinoschisis
Other - please specify

Which other diagnoses have you received prior to today? Select all that apply.

Not applicable
No Clear Diagnosis
Achromatopsia
Adult Vitelliform Macular Dystrophy
Age-Related Macular Degeneration - Dry
Age-Related Macular Degeneration - Mixed Wet and Dry
Age-Related Macular Degeneration - Wet
Alstrom Syndrome
Bardet-Biedl Syndrome (Laurence-Moon Syndrome)
Bassen-Kornzweig Syndrome
Batten Disease
Best Disease
Bietti Crystalline Dystrophy
Blue Cone Monochromacy
Charcot-Marie-Tooth Disease
Choroidal Dystrophy
Choroideremia
Coats Plus Syndrome
Cohen Syndrome
Cone Dystrophy
Cone-Rod Dystrophy
Congenital Stationary Night Blindness
Enhanced S-Cone Syndrome
Fundus Albipunctatus
Fundus Flavimaculatis
Gyrate Atrophy
Jalili Syndrome
Joubert Syndrome
Knobloch Syndrome
Late-Onset Retinal Degeneration
Leber Congenital Amaurosis
Macular Dystrophy
Macular Dystrophy - Juvenile Inherited
Mainzer-Saldino Syndrome
Mallatia Leventinese
North Carolina Macular Dystrophy
Oculo-Auricular Syndrome
Oguchi Disease
Pattern Dystrophy
PHARC
Poretti-Boltshauser Syndrome
Refsum Syndrome
Retinitis Pigmentosa
Retinitis Pigmentosa - Atypical

	Retinitis Punctata Albescens Rod Dystrophy Rod Monochromacy Rod-Cone Dystrophy ROSAH Syndrome Senior-Loken Syndrome Sorsby Fundus Dystrophy Stargardt Disease Usher Syndrome - Type I Usher Syndrome - Type II Usher Syndrome - Type III Usher Syndrome - Type Unknown Wagner Syndrome X-linked Retinoschisis Other - please specify
Have you had genetic testing to confirm your diagnosis?	Yes No Unknown
Have you been told you have Bare Light Perception (BLP)?	Yes No Unknown
Have you been told you have No Light Perception (NLP)?	Yes No Unknown
How old were you when you received your first clinical diagnosis?	Prenatal At birth After birth but before 1st birthday 1 - 99

Driving

Question Text	Responses
Do you still drive, at least once in a while?	Yes No Not Applicable - Never drove

Question Text	Responses
How much difficulty do you have driving during the daytime in familiar places?	No difficulty A little difficulty Moderate difficulty Extreme difficulty
How much difficulty do you have driving at night?	No difficulty A little difficulty Moderate difficulty Extreme difficulty
How much difficulty do you have driving in conditions such as bad weather, on the freeway or in heavy traffic?	No difficulty A little difficulty Moderate difficulty Extreme difficulty

Question Text	Responses
If you have stopped driving, what was the reason?	Mainly eyesight Mainly other reasons Both eyesight and other reasons

Family History

Question Text	Responses
<p>Which other family members have been diagnosed with the SAME inherited retinal degenerative disease as yours?</p>	<ul style="list-style-type: none"> Unknown None Brother Daughter Father Granddaughter Grandson Half-brother Half-sister Maternal Aunt Maternal Cousin Maternal Grandfather Maternal Grandmother Maternal Uncle Mother Nephew Niece Paternal Aunt Paternal Cousin Paternal Grandfather Paternal Grandmother Paternal Uncle Sister Son
<p>Which other family members have been diagnosed with a DIFFERENT retinal degenerative disease from yours?</p>	<ul style="list-style-type: none"> Unknown None Brother Daughter Father Granddaughter Grandson Half-brother Half-sister Maternal Aunt Maternal Cousin Maternal Grandfather Maternal Grandmother Maternal Uncle Mother Nephew Niece Paternal Aunt Paternal Cousin Paternal Grandfather Paternal Grandmother Paternal Uncle Sister Son
<p>What other retinal degenerative diseases have been diagnosed within your family?</p>	<ul style="list-style-type: none"> Not applicable No Clear Diagnosis Achromatopsia Adult Vitelliform Macular Dystrophy Age-Related Macular Degeneration - Dry Age-Related Macular Degeneration -

Mixed Wet and Dry
Age-Related Macular Degeneration - Wet
Alstrom Syndrome
Bardet-Biedl Syndrome (Laurence-Moon Syndrome)
Bassen-Kornzweig Syndrome
Batten Disease
Best Disease
Bietti Crystalline Dystrophy
Blue Cone Monochromacy
Charcot-Marie-Tooth Disease
Choroidal Dystrophy
Choroideremia
Coats Plus Syndrome
Cohen Syndrome
Cone Dystrophy
Cone-Rod Dystrophy
Congenital Stationary Night Blindness
Enhanced S-Cone Syndrome
Fundus Albipunctatus
Fundus Flavimaculatis
Gyrate Atrophy
Jalili Syndrome
Joubert Syndrome
Knobloch Syndrome
Late-Onset Retinal Degeneration
Leber Congenital Amaurosis
Macular Dystrophy
Macular Dystrophy - Juvenile Inherited
Mainzer-Saldino Syndrome
Mallatia Leventinese
North Carolina Macular Dystrophy
Oculo-Auricular Syndrome
Oguchi Disease
Pattern Dystrophy
PHARC
Poretti-Boltshauser Syndrome
Refsum Syndrome
Retinitis Pigmentosa
Retinitis Pigmentosa - Atypical
Retinitis Punctata Albescens
Rod Dystrophy
Rod Monochromacy
Rod-Cone Dystrophy
ROSAH Syndrome
Senior-Loken Syndrome
Sorsby Fundus Dystrophy
Stargardt Disease
Usher Syndrome - Type I
Usher Syndrome - Type II
Usher Syndrome - Type III
Usher Syndrome - Type Unknown
Wagner Syndrome
X-linked Retinoschisis
Other - please specify

Genetic Testing

Question Text	Responses (Additional Info)
<p>What is the name of the lab that did the genetic testing? Please check all that apply.</p>	<p> Unsure Asper Biotech Blueprint Genetics Baylor College of Medicine, Medical Genetics Lab, Houston Texas Casey Eye Institute Molecular Diagnostics Laboratory Emory Genetics Lab GeneDx, Inc. Harvard Center for Personalized Medicine Massachusetts Eye and Ear Infirmary, Ocular Genomics Inst. Molecular Vision Lab, OR National Eye Institute - NIH Prevention Genetics, Inc. UC San Diego, Shiley Eye Center Univ. of Colorado, Denver Genetic Lab University of Iowa, Carver Laboratories Other </p>
<p>Was your disease causing gene identified?</p>	<p> Yes No Unknown / Uncertain </p>
<p>How many disease causing genes were identified?</p>	<p> 1 2 3 4 </p>
<p>What is the name of the first gene that was identified as being disease-causing for your diagnosis?</p> <p>This question and following repeated for four genes</p>	<p> ABCA1 ABCA4 ABCC6 ABHD12 ACACB ACBD5 ACO2 ADAM9 ADAMTS18 ADGRV1 ADIPOR1 AFG3L2 AGBL5 AHI1 AHR AIPL1 ALMS1 APOE ARAFGAP2 ARFGAP2 ARHGEF18 ARL2BP ARL3 ARL6 ARMS2 ARSG ASRGL1 ATF6 </p>

ATXN7
BBIP1
BBS1
BBS10
BBS12
BBS2
BBS4
BBS5
BBS7
BBS9
BCAMD
BEST1
C12orf65
C1B2
C1QTNF5
C2
C21orf2
C3
C5AR2
C8orf37
CA4
CABP4
CACNA1F
CACNA2D1
CACNA2D4
CAPN5
CC2D2A
CCDC66
CCT2
CDH23
CDH3
CDHR1
CEP164
CEP19
CEP250
CEP290
CEP78
CERKL
CFB
CFH
CFHR1
CFHR3
CHM
CIB2
CLCC1
CLN3
CLRN1
CLUAP1
CNGA1
CNGA3
CNGB1
CNGB3
CNNM4
COL11A1
COL2A1
COL9A1
CORD17

CRB1
CRB2
CRX
CSPP1
CTNNA1
CWC27
CYP4V2
DFNB31
DHDDS
DHX38
DMD
DRAM2
DTHD1
EFEMP1
ELOVL1
ELOVL4
EMC1
ERCC6
ESPN
EXOSC2
EYS
FAM161A
FBLN5
FBN3
FLVCR1
FSCN2
FZD4
GDF6
GNAT1
GNAT2
GNB3
GNPTG
GPR125
GPR179
GPR98
GPR98 (USH2B)
GRK1
GRM6
GUCA1A
GUCA1B
GUCY2D
HARS
HGSNAT
HK1
HMCN1
HMX1
HTRA1
IDH3A
IDH3B
IFT140
IFT172
IFT27
IFT81
IMPG1
IMPG2
INPP5E
INVS

IQCB1
ITM2B
JAG1
KCNJ13
KCNV2
KIAA1549
KIF11
KIZ
KLHL7
KSS
LAMA1
LCA5
LHON
LIPC
LRAT
LRIT3
LRP5
LZTFL1
MAK
MAPKAPK3
MERTK
MFN2
MFRP
MFSD8
MIR204
MKKS
MKS1
MT-ATP6
MT-TH
MT-TL1
MT-TP (Not MTTP)
MTTP (not MT-TP)
MT-TS2
MVK
MYO7A
NBAS
ND1 (MT-ND1)
ND4 (MT-ND4)
ND5 (MT-ND5)
ND6 (MT-ND6)
NDP
NEK2
NEUROD1
NMNAT1
NPHP1
NPHP3
NPHP4
NR2E3
NR2F1
NRL
NYX
OAT
OFD1
OPA1
OPA3
OPA8
OPN1LW

OPN1MW
OPN1SW
OR2W3
OTX2
PANK2
PAX2
PCARE
PCDH15
PCYT1A
PDE6A
PDE6B
PDE6C
PDE6G
PDE6H
PDZD7
PEX1
PEX2
PEX6
PEX7
PGK1
PHYH
PIM1
PITPNM3
PLA2G5
PLK1S1
PLK4
PNPLA6
POC1B
POC5
POMGNT1
PRCD
PRDM13
PROM1
PRPF3
PRPF31
PRPF4
PRPF6
PRPF8
PRPH2
PRPS1
RAB28
RAX2
RB1
RBP3
RBP4
RCBTB1
RD3
RDH11
RDH12
RDH5
REEP6
RGR
RGS9
RGS9BP
RHBDD2
RHO
RIMS1

RLBP1
ROM1
RP1
RP10
RP1L1
RP2
RP63
RP9
RPE65
RPRG
RPRGIP1
RPRGIP1L
RS1
RTN41P1
RTN4IP1
SAG
SAMD11
SCAPER
SDCCAG8
SEMA4A
SF3B2
SLC24A1
SLC25A46
SLC7A14
SNRNP200
SPATA7
SPP2
TEAD1
TIMM8A
TIMP3
TLR3
TLR4
TMEM126A
TMEM237
TOPORS
TRESX1
TRIM32
TRNT1
TRPM1
TSPAN12
TTC8
TTLL5
TTPA
TUB
TUBGCP4
TUBGCP6
TULP1
UNC119
USH1A
USH1C
USH1E
USH1G
USH1H
USH1K
USH2A
USH2ALI
VCAN

	VPS13B WDPCP WDR19 WFS1 ZNF408 ZNF423 ZNF513
Genetic Mutation (first gene) - enter the specific gene mutation if known.	Free text
Is the mutation reported as homozygous (first gene)?	Yes No Unknown
What is the suspected mode of inheritance (first gene)?	Unknown Autosomal Dominant (AD) Autosomal Recessive (AR) X-Linked (XL) Isolated / Simplex / Sporadic Mitochondrial

General Health

Question Text	Responses
How would you rate your overall health?	Excellent Very good Good Fair Poor
Have you ever had any of these medical problems?	Arthritis Breathing (asthma, pneumonia, etc.) Cancer Cataract surgery Chronic alcoholism Dental disease Diabetes Glaucoma Hearing loss (mild, moderate or severe) Hypercholesteremia (high cholesterol in blood) Hyperlipidemia (high lipid levels in blood) Hypertension (high blood pressure) Hypotension (low blood pressure) Intellectual disability Kidney or bladder disease Liver disease Loss of muscle tone Malaria Recurring vomiting/diarrhea/constipation Seizures Skeletal or bone abnormalities Thyroid disease None Other - please state
Do you have difficulty with your hearing?	Yes No Unsure
Do you have kidney problems?	Yes

	No Unsure
Do you take any over-the-counter medications or dietary supplements?	Yes No Unknown
Which of the following over-the-counter medications or supplements do you use currently?	Aspirin B vitamin B-12 (methylcobalamine) B-50 Complex Calcium Choline Coenzyme Q10 (CoQ-10) Creatine Monohydrate Fish oil Folic Acid Grape Seed Extract Green Tea Extract Inositol L-Arginine L-Carnitine Magnesium Melatonin Multivitamin Niacin Omega fatty acid supplement (DHA, EHA) Phosphatidyl Choline Saffron Selenium Taurine TUDCA Vitamin A Palmitate (Beta Carotene) Vitamin C Vitamin D Vitamin E None Other - please state
Do you have a history of smoking or vaping?	Current smoker / vaper Not a current smoker / vaper but smoked in the past Never smoked / vaped regularly
What year did you start smoking or vaping?	YYYY – 1900 - 2021
What year did you stop smoking or vaping?	YYYY – 1900 - 2021
On average how many cigarettes, cigars, vapes do/did you smoke per day?	Less than 10 10 - 20 20 -30 30 - 40 More than 40
What type of health insurance do you have?Select all that apply.	No insurance Private health insurance Medicare (US Only) Medicaid (US Only) Other public / government insurance

Hearing

Question Text

Responses

What type of hearing loss do you have?	<p>Unsure</p> <p>Conductive hearing loss</p> <p>Mixed hearing loss</p> <p>Sensorineural Hearing Loss (permanent nerve hearing loss)</p>
What type of hearing loss do you have?	<p>Unsure</p> <p>Conductive hearing loss</p> <p>Mixed hearing loss</p> <p>Sensorineural Hearing Loss (permanent nerve hearing loss)</p>
What is the current status of your conductive hearing loss?	<p>Currently a problem</p> <p>Not a problem today, but was in the past</p> <p>Never a problem</p> <p>Unsure</p>
At what age was your conductive hearing loss diagnosed?	<p>Unsure</p> <p>0 - 3 months old</p> <p>4 - 7 months old</p> <p>8 - 11 months old</p> <p>1 year old - 70 years old</p>
What is the current status of your mixed hearing loss?	<p>Currently a problem</p> <p>Not a problem today, but was in the past</p> <p>Never a problem</p> <p>Unsure</p>
At what age was your mixed hearing loss diagnosed?	<p>Unsure</p> <p>0 - 3 months old</p> <p>4 - 7 months old</p> <p>8 - 11 months old</p> <p>1 year old - 70 years old</p>
What is the current status of your sensorineural Hearing Loss (permanent nerve hearing loss)?	<p>Currently a problem</p> <p>Not a problem today, but was in the past</p> <p>Never a problem</p> <p>Unsure</p>
At what age was your sensorineural hearing Loss (permanent nerve hearing loss) diagnosed?	<p>Unsure</p> <p>0 - 3 months old</p> <p>4 - 7 months old</p> <p>8 - 11 months old</p> <p>1 year old - 70 years old</p>
What is the current status of your hearing loss?	<p>Currently a problem</p> <p>Not a problem today, but was in the past</p> <p>Never a problem</p> <p>Unsure</p>
At what age was your hearing loss diagnosed?	<p>Unsure</p> <p>0 - 3 months old</p> <p>4 - 7 months old</p> <p>8 - 11 months old</p> <p>1 year old - 70 years old</p>
How did this symptom change?	<p>It resolved on its own</p> <p>It improved as a result of a treatment</p> <p>I have adapted to its presence</p> <p>Unsure</p>
What treatment was that?	<p>Free text</p>
Have you ever had a hearing test from an audiologist?	<p>Yes</p> <p>No</p> <p>Unsure</p>

Medications Used

Question Text	Responses
Have you ever received or taken a prescription drug or treatment for your inherited retinal disease?	Yes No Don't know
What is the name of the drugs or treatments you used / were given for your retinal disease?	Luxturna (Voretigene neparvovec) Other

Vision Self-evaluation

Question Text	Responses
Do you experience night blindness?	Yes No, but I did in the past Never a problem Unsure
At what age did you become aware of your night blindness?	Unsure At birth After birth but before 1st birthday 1 - 99
Do you have reduced peripheral (side) vision loss?	Yes No, but I did in the past Never a problem Unsure
At what age did you become aware of your loss in peripheral (side) vision loss?	Unsure At birth After birth but before 1st birthday 1 - 99
Do you have any loss of central vision?	Yes No, but I did in the past Never a problem Unsure
At what age did you become aware of your loss in central vision?	Unsure At birth After birth but before 1st birthday 1 - 99
Is your ability to read impaired?	Yes No, but I did in the past Never a problem Unsure
At what age did you become aware of your impaired ability to read?	Unsure At birth After birth but before 1st birthday 1 - 99
Do you wear prescription glasses or contact lenses?	Currently I wear them I don't currently wear them, but I have in the past I have never worn them Unsure
At what age did you need to start wearing prescription glasses or contact lenses?	Unsure At birth After birth but before 1st birthday 1 - 99
Is your ability to see distant objects impaired?	Yes No, but I did in the past

	<p>Never a problem</p> <p>Unsure</p>
When did you first become aware of the difficulty in seeing distant objects?	<p>Unsure</p> <p>At birth</p> <p>After birth but before 1st birthday</p> <p>1 - 99</p>
Do you have, or have you ever had, cataracts?	<p>Currently I have them</p> <p>I don't currently have them, but I have in the past</p> <p>Never had cataracts</p> <p>Unsure</p>
At what age did you become aware of your cataracts?	<p>Unsure</p> <p>At birth</p> <p>After birth but before 1st birthday</p> <p>1 - 99</p>
Do you have, or have you had, glaucoma?	<p>Currently I have glaucoma</p> <p>I don't have glaucoma currently, but I have in the past</p> <p>I have never had glaucoma</p> <p>Unsure</p>
When did you first become aware of your glaucoma?	<p>Unsure</p> <p>At birth</p> <p>After birth but before 1st birthday</p> <p>1 - 99</p>
Have you ever had a detached retina?	<p>Currently a problem</p> <p>Not a problem today, but was in the past</p> <p>Never a problem</p> <p>Unsure</p>
At what age did you have a detached retina?	<p>Unsure</p> <p>At birth</p> <p>After birth but before 1st birthday</p> <p>1 - 99</p>
Do you have a problem with dark adaptation?	<p>Currently a problem</p> <p>Not a problem today, but was in the past</p> <p>Never a problem</p> <p>Unsure</p>
When did you first become aware of your slow dark adaptation?	<p>Unsure</p> <p>At birth</p> <p>After birth but before 1st birthday</p> <p>1 - 99</p>
Do you experience photopsia/random light flashes?	<p>Currently a problem</p> <p>Not a problem today, but was in the past</p> <p>Never a problem</p> <p>Unsure</p>
At what age did you start to experience photopsia/random light flashes start?	<p>Unsure</p> <p>At birth</p> <p>After birth but before 1st birthday</p> <p>1 - 99</p>
Do you have a problem with color vision?	<p>Currently a problem</p> <p>Not a problem today, but was in the past</p> <p>Never a problem</p> <p>Unsure</p>
At what age were you first aware of your problem with color vision?	<p>Unsure</p> <p>At birth</p> <p>After birth but before 1st birthday</p> <p>1 - 99</p>

Your health today

Question Text	Responses
Are you able to do chores such as vacuuming or yard work?	Without any difficulty With a little difficulty With some difficulty With much difficulty Unable to do
Are you able to go up and down stairs at a normal pace?	Without any difficulty With a little difficulty With some difficulty With much difficulty Unable to do
Are you able to go for a walk of at least 15 minutes?	Without any difficulty With a little difficulty With some difficulty With much difficulty Unable to do
Are you able to run errands and shop?	Without any difficulty With a little difficulty With some difficulty With much difficulty Unable to do

Question Text	Responses
In the past 7 days...I felt fearful	Never Rarely Sometimes Often Always
In the past 7 days...I found it hard to focus on anything other than my anxiety	Never Rarely Sometimes Often Always
In the past 7 days...My worries overwhelmed me	Never Rarely Sometimes Often Always
In the past 7 days...I felt uneasy	Never Rarely Sometimes Often Always

Question Text	Responses
In the past 7 days...I felt worthless	Never Rarely Sometimes Often Always
In the past 7 days...I felt helpless	Never Rarely Sometimes Often

	Always
In the past 7 days...I felt depressed	Never Rarely Sometimes Often Always
In the past 7 days...I felt hopeless	Never Rarely Sometimes Often Always

Question Text	Responses
During the past 7 days...I feel fatigued	Not at all A little bit Somewhat Quite a bit Very much
During the past 7 days...I have trouble <u>starting</u> things because I am tired	Not at all A little bit Somewhat Quite a bit Very much
During the past 7 days...How run-down did you feel on average?	Not at all A little bit Somewhat Quite a bit Very much
During the past 7 days...How fatigued were you on average?	Not at all A little bit Somewhat Quite a bit Very much

Question Text	Responses
In the past 7 days...My sleep quality was	Very poor Poor Fair Good Very good
In the past 7 days...My sleep was refreshing	Not at all A little bit Somewhat Quite a bit Very much
In the past 7 days...I had a problem with my sleep	Not at all A little bit Somewhat Quite a bit Very much
In the past 7 days...I had difficulty falling asleep	Not at all A little bit Somewhat Quite a bit Very much

Question Text	Responses
I have trouble doing all of my regular leisure activities with others	Never Rarely Sometimes Usually Always
I have trouble doing all of the family activities that I want to do	Never Rarely Sometimes Usually Always
I have trouble doing all of my usual work (include work at home)	Never Rarely Sometimes Usually Always
I have trouble doing all of the activities with friends that I want to do	Never Rarely Sometimes Usually Always

Question Text	Responses
In the past 7 days...How much did pain interfere with your day to day activities?	Not at all A little bit Somewhat Quite a bit Very much
In the past 7 days...How much did pain interfere with work around the home?	Not at all A little bit Somewhat Quite a bit Very much
In the past 7 days...How much did pain interfere with your ability to participate in social activities?	Not at all A little bit Somewhat Quite a bit Very much
In the past 7 days...How much did pain interfere with your household chores?	Not at all A little bit Somewhat Quite a bit Very much

Question Text	Responses
In the past 7 days...I have been able to concentrate	Not at all A little bit Somewhat Quite a bit Very much
In the past 7 days...I have been able to remember to do things, like take medicine or buy something I needed	Not at all A little bit Somewhat Quite a bit

Very much

Question Text	Responses
In the past 7 days...How would you rate your pain on average?	0 No pain – 10 Worst pain imaginable