

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

Patient Name: _____

Date (MM/DD/YY): ____ / ____ / ____

Patient ID: _____

(to be filled in by the health professional)

To be completed by the PATIENT

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

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

