

Pain and health questionnaire: COVID-19

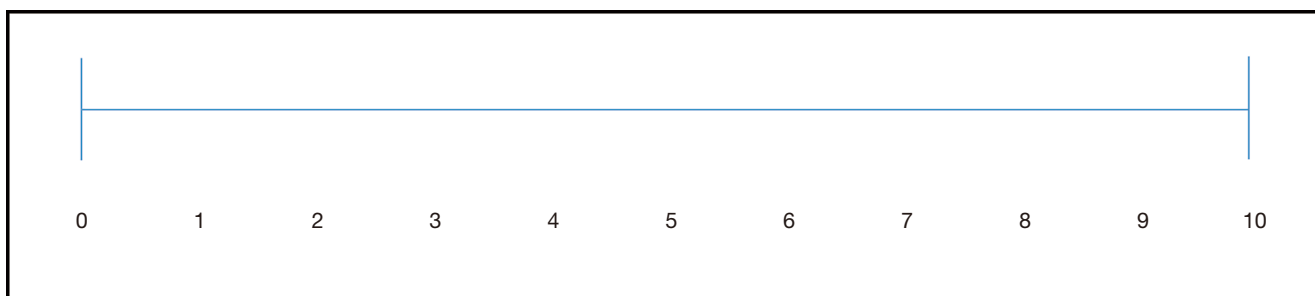
After everything we have experienced during this last month due to the COVID-19 pandemic, we are all noticing different changes in our health. We may have experienced changes, both positive and negative, when it comes to pain and health.

In order to learn a little more about the impact of COVID-19 on the population, this pain and quality of life questionnaire has been created. The initial questionnaire will take you about 5 minutes at most to answer, but the second part will take you a little longer (15 min). At the beginning, a series of demographic data is requested and the rest of the questions (Health Questionnaire SF-36) will have to be answered by selecting one of the options indicated. This questionnaire will be used for scientific purposes. Thanks for your help and collaboration.

Age (years)				
Weight (kg)				
Height (cm)				
Gender	Female	Male	I prefer not to say	Other

- What many people are you living during lockdown?
 - Lives alone
 - Lives alone with company during the day
 - Lives with another person
 - Living with more than two people
- What is your job during the state of alarm?
 - Unemployed
 - Domestic work
 - Student
 - Public job/studies candidate
 - Health professional
 - Minimum service worker
 - Food sector
 - State security forces
 - Teleworking
 - Furloughed (the British equivalent to the Spanish 'ERTE')
 - Retired
 - Medical sick leave
 - Usual work practice
 - Other
- Are you practicing physical exercise during confinement?
 - More than once a day
 - At least once a day
 - More than three times per week
 - Two or three times per week
 - One or two times per week
 - Twice a month
 - I do not practice exercise

- Other
- Have you had symptoms of COVID-19 or have you been diagnosed with it throughout this 2020?
 - Yes
 - No
 - Maybe (symptoms coincide), but I have not been diagnosed
- Have you suffered pain before the period of confinement?
 - Yes
 - No
- Have you suffered pain throughout the period of confinement?
 - Yes
 - No
- If so, indicate one of the options:
 - The pain has increased
 - The pain has remained
 - Previous pain has disappeared
 - The pain suffered during confinement has been brief (max. 7 days) and has disappeared
- If you answered yes to previous question, what is the intensity of this current pain? Please, answer on this scale, keeping in mind that 0 is no pain and 10 the worst possible pain.



Health questionnaire in the state of alarm for COVID-19

In this section we ask you for answers about your health status during the last four weeks. Thank you very much for your help.

- (I) In general, you would say that your current health is...?
 - a) Excellent
 - b) Very good
 - c) Good
 - d) Regular
 - e) Bad
- (II) How would you say is your current health compared to a year ago?
 - a) Much better now than a year ago
 - b) Something better now than a year ago
 - c) More or less the same as a year ago
 - d) Something worse now than a year ago
 - e) Much worse now than a year ago
- (III) The next questions ask about activities or things that you could do on a typical day. Does your current health limit you to do those activities or things? If so, how much?

	Yes, it limits me a lot	Yes, it limits me a little	No, it doesn't limit me at all
Intense exertion: running, lifting heavy objects, participating in strenuous sports			
Moderate effort: moving a table, vacuuming, walking more than an hour			
Take or carry the shopping bag			
Climb the ladder up several floors			
Climb the ladder up a single floor			
Crouch or kneel			
Walk a kilometer or more			
Walk several hundred meters			
Walk about 100 meters			
Bathing or dressing yourself			

(IV) During the past 4 weeks, how often have you had any of the following problems at work or in your daily activities due to your physical health?

	Always	Almost always	Sometimes	Only once	Never
Did you have to reduce the time spent at work or your daily activities?					
Did you do less than you wanted to do?					
Did you have to stop doing some tasks at work or in your daily activities?					
Did you have difficulty doing your work or daily activities (for example, did it cost you more than normal)?					

(V) During the last 4 weeks, how often have you had any of the following problems at work or in your daily activities, caused by an emotional problem (such as being sad, depressed, or nervous)?

	Always	Almost always	Sometimes	Only once	Never
Did you have to reduce the time spent at work or your daily activities due to an emotional problem?					
Did you do less than you would have liked to do due to an emotional problem?					
Did you do your work or daily activities less carefully than usual due to an emotional problem?					

(VI) During the past 4 weeks, to what extent has your physical health or emotional problems hindered your usual social activities with family, friends, neighbors, or others?

- a) Nothing
- b) A little
- c) Regular
- d) Quite
- e) A lot

(VII) Did you have pain in any part of your body in the last 4 weeks?

- a) No, none
- b) Yes, very little
- c) Yes, a little

- d) Yes, moderate
- e) Yes, a lot
- f) Yes, very much

(VIII) During the past 4 weeks, to what extent has pain made it difficult for you to do your usual work (including working outside the home and housework)?

- a) Nothing
- b) A little
- c) Regular
- d) Quite
- e) A lot

(IX) The questions that follow are about how you have been feeling and how things have been for you over the past 4 weeks. For each question, answer what is most like how you have felt. During the past 4 weeks, how often did ...

	Always	Almost always	Sometimes	Only once	Never
Did you feel full of vitality?					
Did you feel very nervous?					
Did you feel so low in morale that nothing could cheer you up?					
Did you feel calm and peaceful?					
Did you have a lot of energy?					
Did you feel too depressed?					
Did you feel exhausted?					
Did you feel happy?					
Did you feel tired?					

(X) During the past 4 weeks, how often have physical health or emotional problems made it difficult for you to do social activities (such as visiting friends or family)?

- a) Always
- b) Almost always
- c) Sometimes
- d) Only once
- e) Never

(XI) Please state whether you think each of the following statements is TRUE or FALSE:

	Completely true	Pretty much true	I don't know	Pretty much false	Completely false
I think I get sick more easily than other people					
I am as healthy as anyone					
I think my health is going to get worse					
My health is excellent					