The Quality of Life Instruments for Chronic Diseases-Gout(QLICD-GO) (V2.0)

Instructions:

This questionnaire is to understand your feelings about your health in the last week as a whole, so as to facilitate doctors to take targeted treatment and rehabilitation measures. Please read each of the following questions carefully and circle the most appropriate number according to your own feelings or judgment. The answer doesn't matter right or wrong. As long as it's your true feelings, the information you provide will be kept absolutely confidential. Thank you for your support and cooperation!

For example: Do you think life is fun?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **None** | **A little** | **General** | **More** | **Very** |
| 1 | 2 | 3 | 4 | 5 |

If you find life more enjoyable, make a circle at "4", as above.

Hospitalization number\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_\_\_\_\_\_

Gender: ① male ② female

Nationality: ① Han nationality ② Yi nationality ③ Bai nationality ④ Hui nationality ⑤ others

Occupation: ① worker ② farmer ③ teacher ④ cadre ⑤ individual ⑥ others

Marital status: ① unmarried ② married ③ divorced ④ widowed

Education level: ① primary school ② junior high school ③ senior high school or technical secondary school ④ junior college ⑤ undergraduate and above

Family economic status: ① poor ② general ③ good

Annual per capita net income of family： ¥＿＿

Medical form: ① self expense ② social medical insurance (medical insurance for urban employees) ③ commercial medical insurance ④ cooperative medical treatment

Personal eating habits (like eating before gout diagnosis, you can choose from many): ① beer ② seafood ③ animal viscera ④ bean products

Times：＿＿ Date: ＿＿ MM ＿＿ DD ＿＿ YY

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Last week** | **Very poor** | **More bad** | **General** | **Better** | **Very good** |
| GPH1 | Appetite? | 1 | 2 | 3 | 4 | 5 |
| GPH2 | Sleep? | 1 | 2 | 3 | 4 | 5 |
| GPH4 | Defecate? | 1 | 2 | 3 | 4 | 5 |
| GPH5 | Urinate? | 1 | 2 | 3 | 4 | 5 |
| GSO2 | Relationship with family? | 1 | 2 | 3 | 4 | 5 |
| GSO3 | Relationships with friends? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Last week** | **None** | **A little** | **General** | **More** | **Very** |
| GPH3 | Is sexual function down? | 1 | 2 | 3 | 4 | 5 |
| GPH9 | Are you tired? | 1 | 2 | 3 | 4 | 5 |
| GPH10 | Is it painful? | 1 | 2 | 3 | 4 | 5 |
| GPS2 | Memory loss? | 1 | 2 | 3 | 4 | 5 |
| GPS3 | Have fun in life? | 1 | 2 | 3 | 4 | 5 |
| GPS4 | Fidgety or irritable? | 1 | 2 | 3 | 4 | 5 |
| GPS5 | Does the family have a big burden? | 1 | 2 | 3 | 4 | 5 |
| GPS6 | Is your health getting worse? | 1 | 2 | 3 | 4 | 5 |
| GPS7 | Depressed or sad? | 1 | 2 | 3 | 4 | 5 |
| GPS8 | Pessimism and disappointment? | 1 | 2 | 3 | 4 | 5 |
| GPS9 | Fear? | 1 | 2 | 3 | 4 | 5 |
| GPS11 | Bad temper? | 1 | 2 | 3 | 4 | 5 |
| GSO6 | Family financial difficulties? | 1 | 2 | 3 | 4 | 5 |
| GSO7 | Position or role in work or labor? | 1 | 2 | 3 | 4 | 5 |
| GPH6 | Daily life? | 1 | 2 | 3 | 4 | 5 |
| GPH7 | Labor? | 1 | 2 | 3 | 4 | 5 |
| GPH8 | Walking alone? | 1 | 2 | 3 | 4 | 5 |
| GPS1 | Focus attention? | 1 | 2 | 3 | 4 | 5 |
| GPS10 | Looking at your illness positively and optimistically? | 1 | 2 | 3 | 4 | 5 |
| GSO1 | Dealing with others? | 1 | 2 | 3 | 4 | 5 |
| GSO4 | Family care or support? | 1 | 2 | 3 | 4 | 5 |
| GSO5 | Care or support from someone other than your family? | 1 | 2 | 3 | 4 | 5 |
| GSO8 | Family roles? | 1 | 2 | 3 | 4 | 5 |
| GO 1 | Do you have pain in one of your joints? | 1 | 2 | 3 | 4 | 5 |
| GO 2 | Do you have swelling in your joints? | 1 | 2 | 3 | 4 | 5 |
| GO 3 | Do you have a fever? | 1 | 2 | 3 | 4 | 5 |
| GO 4 | Do you have recurrent joint pain? | 1 | 2 | 3 | 4 | 5 |
| GO 5 | Do you have tophus? | 1 | 2 | 3 | 4 | 5 |
| GO 6 | Do you urinate frequently at night? | 1 | 2 | 3 | 4 | 5 |
| GO 7 | Do lifestyle changes such as diet caused by illness have a great impact on you? | 1 | 2 | 3 | 4 | 5 |
| GO 8 | Do you have diarrhea and other digestive tract discomfort after taking the medicine? | 1 | 2 | 3 | 4 | 5 |
| GO 9 | Do you have rash or itch after taking the medicine? | 1 | 2 | 3 | 4 | 5 |
| GO10 | Are you worried about your physical disability? | 1 | 2 | 3 | 4 | 5 |
| GO11 | Are you worried that your gout will be passed on to your offspring? | 1 | 2 | 3 | 4 | 5 |
| GO12 | Are you worried about the side effects of long-term medication? | 1 | 2 | 3 | 4 | 5 |