

Wisconsin Stone-QOL



THE WISCONSIN “LIVING WITH KIDNEY STONES” QUESTIONNAIRE

This questionnaire is designed to understand the quality of life of patients with a history of kidney stones. The questions below ask about how problems with kidney stones have affected you **during the past month**.

Some questions may look very similar or have similar wording, but each one is different. Please answer the questions as honestly as possible. THE QUESTIONNAIRE IS 2-SIDED. Although you may have a number of physical or medical problems, **please do your best to think only about your problems related to kidney stones**. All information is confidential. Thank you for your input!

1. In the last 4 weeks, how true for you are the following statements?

	<i>Very true</i>	<i>Mostly true</i>	<i>Somewhat true</i>	<i>A little true</i>	<i>Not at all true</i>
A.) My energy level during the day is less than usual	1	2	3	4	5
B.) I feel very tired or fatigued	1	2	3	4	5
C.) My activity is limited	1	2	3	4	5

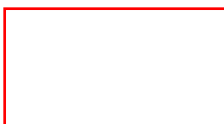
2. Because of kidney stones, how true have any of these problems been for you within the last 4 weeks?

	<i>Very true</i>	<i>Mostly true</i>	<i>Somewhat true</i>	<i>A little true</i>	<i>Not at all true</i>
A.) Trouble getting to sleep or with waking up while trying to sleep	1	2	3	4	5
B.) Needing to get up frequently while sleeping to urinate	1	2	3	4	5
C.) Poor quality sleep or not feeling rested after sleeping	1	2	3	4	5
D.) Difficulty returning to sleep	1	2	3	4	5

3. Because of kidney stones, how true for you over the last 4 weeks are the following?

	<i>Very true</i>	<i>Mostly true</i>	<i>Somewhat true</i>	<i>A little true</i>	<i>Not at all true</i>
A.) I don't feel the usual freedom to travel or to attend or participate in social events	1	2	3	4	5
B.) I force myself to go to work or school, to exercise, or to fulfill other responsibilities	1	2	3	4	5
C.) I have missed work or family time, or lost leisure or recreation time	1	2	3	4	5
D.) I make frequent adjustments or changes to my daily schedule	1	2	3	4	5
E.) I have less ability than usual to focus on my work, family, or other commitments or interests	1	2	3	4	5

Please answer questions on other side...



4. How often have you experienced or felt the following in the last 4 weeks because of kidney stones?

	<i>Always or almost always</i>	<i>Very often</i>	<i>Somewhat often</i>	<i>Hardly at all</i>	<i>Not at all, never</i>
A.) Problems or difficulties sticking to the diet recommendations	1	2	3	4	5
B.) Problems tolerating or taking prescription medications as directed	1	2	3	4	5
C.) Concern about my general health	1	2	3	4	5

5. Below are some physical symptoms that might be related to kidney stones. In the last 4 weeks, how often have you felt these symptoms?

	<i>Always or almost always</i>	<i>Very often</i>	<i>Somewhat often</i>	<i>Hardly at all</i>	<i>Not at all, never</i>
A.) Nausea, stomach upset or cramps	1	2	3	4	5
B.) Physical pain	1	2	3	4	5
C.) Urinary frequency (feeling like you have to go more than usual)	1	2	3	4	5
D.) Urinary urgency (sudden or unstoppable urge to urinate)	1	2	3	4	5

6. Because of kidney stones, in the last 4 weeks, how true are the following for you?

	<i>Very true</i>	<i>Mostly true</i>	<i>Somewhat true</i>	<i>A little true</i>	<i>Not at all true</i>
A.) I have less interest in sex or less sexual contact than usual	1	2	3	4	5
B.) I need to make special arrangements when traveling	1	2	3	4	5
C.) I have less interest than usual in socializing/ being around others	1	2	3	4	5

7. In the last 4 weeks, because of your kidney stones, how much have you felt the following?

	<i>Very much</i>	<i>Quite a lot</i>	<i>Somewhat</i>	<i>A little bit</i>	<i>Not at all, never</i>
A.) Frustrated with my situation	1	2	3	4	5
B.) Worried about what is wrong now	1	2	3	4	5
C.) Anxious or nervous about what might go wrong in the future	1	2	3	4	5
D.) Annoyed at the nuisances and inconveniences of my situation	1	2	3	4	5
E.) Reduced ability, compared to usual, to cope with everyday issues or responsibilities	1	2	3	4	5
F.) More irritable than usual	1	2	3	4	5

*** A few questions about you... WITHIN THE LAST 4 WEEKS (PLEASE CIRCLE YOUR RESPONSE):**

1.) Did or do you currently have stones in your urinary system?	Yes	No	Not sure
2.) Did you currently have any pain or symptoms related to kidney stones ?	Yes	No	Not sure
3.) Did you go to the Emergency Room or urgent care because of kidney stones?	Yes	No	Not sure
4.) Did you have a traumatic or very upsetting life event in the last 4 weeks ?	Yes	No	Not sure
5.) Were you hospitalized or otherwise seriously affected by some health problem NOT related to kidney stones?	Yes	No	Not sure
6.) Your gender (<i>circle one</i>):	Male	Female	
			7.) Your age:

HAS YOUR ADDRESS CHANGED?
If so, please indicate where you would like the next questionnaire to be mailed.

Address _____

City, state, zip _____