

OAQoL

Osteoarthritis Quality of Life Questionnaire

Please read this carefully

On the following pages you will find some statements which have been made by people who have Osteoarthritis.

Please read each statement carefully. We would like you to tick
'True' if you feel the statement applies to you
And tick **'Not true'** if it does not

Please choose the response that applies best to you
at the moment

Please read this carefully

On the following pages you will find some statements which have been made by people who have Osteoarthritis. Please read each statement carefully. We would like you to tick 'True' if you feel the statement applies to you and tick 'Not true' if it does not.

Please choose the response that applies best to you **at the moment**.

1. I'm unable to join in activities with my friends or family

True
Not true

2. I get embarrassed using stairs in public

True
Not true

3. I feel like I am missing out on life

True
Not true

4. I can't plan things too far in advance

True
Not true

5. I feel as though I'm trapped in my house

True
Not true

6. My arthritis limits the places I can go

True
Not true

7. I can't do things on the spur of the moment

True
Not true