

FACT-BP
QUALITY OF LIFE MEASUREMENT IN PATIENTS WITH BONE PAIN

Please answer the following questions about your bone pain. Sometimes it is not easy to tell whether a pain you might have is bone pain or some other type of pain. Please do the best you can to answer these questions about your bone pain in particular. Please circle or mark one number per line to indicate your response as it applies to the past 7 days.

Q7	In how many places in your body have you felt bone pain?.....	0	1	2	3	4+
		Not at all	A little bit	Some-what	Quite a bit	Very much
GF7	I am content with the quality of my life right now	0	1	2	3	4
P2	I have certain parts of my body where I experience pain	0	1	2	3	4
BP1	I have bone pain.....	0	1	2	3	4
BP2	It hurts when I put weight or pressure on the place where I have bone pain	0	1	2	3	4
BP3	I have bone pain even when I sit or lie still	0	1	2	3	4
BP4	I need help doing my usual activities because of bone pain	0	1	2	3	4
BP5	I am forced to rest during the day because of bone pain .	0	1	2	3	4
BP6	I have trouble walking because of bone pain.....	0	1	2	3	4
BP7	Bone pain interferes with my ability to care for myself (bathing, dressing, eating, etc.).....	0	1	2	3	4
BP8	Bone pain interferes with my social activities	0	1	2	3	4
BP9	Bone pain wakes me up at night	0	1	2	3	4
BP 10	I am frustrated by my bone pain	0	1	2	3	4
BP 11	I feel depressed about my bone pain.....	0	1	2	3	4
BP 12	I worry that my bone pain will get worse	0	1	2	3	4
BP 13	My family has trouble understanding when my bone pain interferes with my activity	0	1	2	3	4