

# EASi-QoL

## Evaluating Ankylosing Spondylitis Quality of Life

A patient-reported outcome measure

### Scoring

The EASi-QoL consists of 20 questions across the 4 domains of: physical function, disease activity, emotional wellbeing and social participation.

Each question is scored 0-4. 0 indicates 'no limitation' increasing to 4 indicating 'extreme limitation'.

#### For example:

During the **past week**, how much did your Ankylosing Spondylitis interfere with your ability to keep physically active?

0  
Not at all

1  
A little bit

2  
Moderately

3  
Quite a bit

4  
Extremely

This question would be given a score of 1.

### Missing data

If there is 1 missing answer in a domain, that question is scored as the mean of the questions answered in that domain, (add the completed scores in the domain, then divide by the number of questions answered).

If more than 1 question is missing in a domain, that domain cannot be scored.

### Calculation of the domain scores

Domains		Possible score range
Domain 1: Physical function	Add scores of questions 1 to 6	0 - 24
Domain 2: Disease activity	Add scores of questions 7 to 10	0 - 16
Domain 3: Emotional well-being	Add scores of questions 11 to 15	0 - 20
Domain 4: Social participation	Add scores of questions 16 to 20	0 - 20

## LIMITATIONS DUE TO YOUR ANKYLOSING SPONDYLITIS

The following questions ask about the problems that your **Ankylosing Spondylitis** has caused you. Please answer every question with a cross.  
If you are unsure about how to answer a question, please give the best answer you can.

These questions ask about activities you might do during a typical day.  
Does your **Ankylosing Spondylitis** limit you in these activities **today**? If so, how much?

For each question, please cross the **one** response that **applies to you today**.

Please cross one box on each line

	Not limited at all	A little limited	Moderately limited	Very limited	Totally limited / unable to do
1. Lifting a child or <b>heavy objects</b> such as shopping or furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Walking <b>one mile</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Standing for <b>30 minutes</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Getting up</b> from a sitting position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Finding a <b>comfortable</b> position in which you can relax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Dressing or undressing</b> yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We would now like to ask you questions about the **past week**. We understand that your Ankylosing Spondylitis may have changed from day to day but we would like you to give a response that shows how you have been **feeling on average** over the **past week**.

Please answer every question with a cross. If you are unsure about how to answer a question, please give the best answer you can.

7. During the **past week**, how much pain or discomfort did your Ankylosing Spondylitis cause you?

None

A little bit

Moderately

Quite a bit

Extreme

8. During the **past week**, how much did your Ankylosing Spondylitis interfere with your sleep?

Not at all       A little bit       Moderately       Quite a bit       Extremely

9. During the **past week**, how much of the time have you felt tired or lacking in energy because of your Ankylosing Spondylitis?

None of the time       A little of the time       Some of the time       Most of the time       All of the time

10. During the **past week**, how much morning stiffness did your Ankylosing Spondylitis cause you?

None at all       A little bit       Moderately       Quite a bit       Extreme

11. During the **past week**, how much of the time have you felt embarrassed or self-conscious because of your Ankylosing Spondylitis?

None of the time       A little of the time       Some of the time       Most of the time       All of the time

12. During the **past week**, how much of the time has your Ankylosing Spondylitis caused you to worry about the future (including work, caring for others, your social life and staying active)?

None of the time       A little of the time       Some of the time       Most of the time       All of the time

13. During the **past week**, how much did your Ankylosing Spondylitis interfere with your ability to concentrate (including reading, listening to someone talking or watching the television)?

Not at all       A little bit       Moderately       Quite a bit       Extremely

14. During the **past week**, how much of the time have you lacked drive or motivation because of your Ankylosing Spondylitis?

None of the time       A little of the time       Some of the time       Most of the time       All of the time

Please answer every question with a cross. If you are unsure about how to answer a question, please give the best answer you can.

15. During the **past week**, how much of the time have you felt downhearted or low because of your Ankylosing Spondylitis?

**None of the time**       **A little of the time**       **Some of the time**       **Most of the time**       **All of the time**

16. During the **past week**, how much of the time has your Ankylosing Spondylitis interfered with your normal work (including work both outside the home and housework)?

**None of the time**       **A little of the time**       **Some of the time**       **Most of the time**       **All of the time**

17. During the **past week**, how much did your Ankylosing Spondylitis interfere with family life or friendships?

**Not at all**       **A little bit**       **Moderately**       **Quite a bit**       **Extremely**

18. During the **past week**, how much did your Ankylosing Spondylitis interfere with traveling either by car or public transport (including buses or trains)?

**Not at all**       **A little bit**       **Moderately**       **Quite a bit**       **Extremely**

19. During the **past week**, how much did your Ankylosing Spondylitis interfere with your ability to keep physically active?

**Not at all**       **A little bit**       **Moderately**       **Quite a bit**       **Extremely**

20. During the **past week**, how much of the time did you feel that your Ankylosing Spondylitis was interfering with the quality of your life?

**None of the time**       **A little of the time**       **Some of the time**       **Most of the time**       **All of the time**