

Q24-1. If so, what disease did you treat? (Please select all)

1. Depression 2. Manic 3. Insomnia 4. Suicide impulse
5. etc. (_____)

Q24-2. Have you ever felt the urge to suicide impulse due to complex regional pain syndrome?

1. Yes 2. No

Here's what we're looking at about the quality of your life. Please think about your daily routine for the past four weeks and answer next. (Q25-Q26)

Q25. To what extent do you think your quality of life corresponds?

1. Very bad 2. Bad 3. Normal 4. Good 5. Very good

Q26. How satisfied are you with your health?

1. Very dissatisfied 2. Dissatisfied 3. Normal
4. Satisfied 5. Very satisfied

The following questions ask how many specific things you have experienced in the past four weeks. (Q27-Q33)

Q27. Were there many situations where pain prevented you from doing what you wanted to do?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q28. How much do you feel you need medical help to maintain your daily life?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q29. How much do you enjoy your life?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q30. Do you feel that your life is meaningful?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q31. What is your level of concentration?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q32. How safe did you feel in your daily life?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q33. How healthy are you physically?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

The following is a question about how perfectly you have done or what you have been able to do over the past four weeks. (Q34-Q39)

Q34. Do you have enough energy for your daily life?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q35. How satisfied are you with your actions?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q36. Do you have enough money for what you need?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q37. How much information can you use for your daily life?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q38. Do you have the opportunity to do leisure activities?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q39. How well can you walk around?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

The following questions are about how good or satisfied you have been with various aspects of life over the past four weeks. (Q40-Q49)

Q40. How satisfied are you with your sleep?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q41. How satisfied are you with your ability to perform daily activities?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q42. How satisfied are you with your work ability?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q43. Are you satisfied with your appearance?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q44. How satisfied are you with your personal relationship?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q45. How satisfied are you with your sex life?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q46. How satisfied are you with the support you receive from your friends?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q47. How satisfied are you with your living environment?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q48. How satisfied are you with using health services?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

Q49. How satisfied are you with using for transportation?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely

The following is a question about how often you have felt or experienced something in the last four weeks.

Q50. How often do you feel negative emotions such as depression, despair, and anxiety?

1. Not at all 2. A little bit 3. Normal 4. Sometimes 5. Entirely