

# OnyCOE-t™ Quality of Life Questionnaire

<b>Instructions: The purpose of this questionnaire is to find out about your health in general and about how your onychomycosis (nail fungal condition) affects your quality of life.</b>		
<b>Please read each question carefully before answering. If you are unsure about how to answer a question, please give the best answer you can. Remember, there are no right or wrong answers. The information you give will be combined with the responses of other patients completing this questionnaire, and you will not be identifiable as an individual in research projects. Circle one number on each line.</b>		
<b>1. Please answer the following questions regarding problems you may have had in the PAST 4 WEEKS with your nail fungal condition. Answer each question completely by indicating BOTH: I - HOW MUCH OF THE TIME you experienced the problem, and then II - HOW BOTHERED you were by the problem. (If you are unsure about how to answer a question, give the best answer you can.)</b>	<b>In the past four weeks, how often have you had the following problems:</b>  1 = never 2 = almost never 3 = occasionally 4 = fairly often 5 = often	<b>In the past four weeks, when you had the problem, how bothered were you:</b>  1 = not at all 2 = slightly bother 3 = moderately bothered 4 = very bothered 5 = extremely bothered)
Pain under or around your toenails?	1 2 3 4 5	1 2 3 4 5
Soreness, redness or swelling of your toes or toenails?	1 2 3 4 5	1 2 3 4 5
Thickening or swelling of your toes or toenails?	1 2 3 4 5	1 2 3 4 5
Splitting or loosening of your toenails?	1 2 3 4 5	1 2 3 4 5
Yellowing or discoloration of your toenails?	1 2 3 4 5	1 2 3 4 5
Deformity or disfigurement of your toenails?	1 2 3 4 5	1 2 3 4 5
Other? (specify):	1 2 3 4 5	1 2 3 4 5
<b>2. During the past 4 weeks, how much of a problem were the following because of your nail fungal condition</b>		1=very much of a problem, 2=somewhat of a problem, 3=a little bit of a problem, 4=not a problem
The time or inconvenience involved in taking care of or treating your nails?	1 2 3 4	
Pain or discomfort associated with taking care of your nails?	1 2 3 4	
Being embarrassed by the appearance of your nails?	1 2 3 4	
Feeling self-conscious about the appearance of your nails?	1 2 3 4	
Feeling that people avoided physical contact with you because of the appearance of your nails?	1 2 3 4	
Feeling that people may see you as unclean or untidy?	1 2 3 4	
Discomfort or pain from wearing shoes?	1 2 3 4	
Wearing any type of shoe, you wanted (for example, open-toed sandals, high-heels, steel-toed or heavy work boots)?	1 2 3 4	
Doing activities that require you to go barefoot in public (such as swimming, going to the beach, getting into a hot tub, or working out at a health club)?	1 2 3 4	
Doing any hobbies that require a lot of time on your feet (such as jogging, golfing, playing tennis or dancing)?	1 2 3 4	
Performing daily activities that require you to be on your feet a lot (such as waiting tables, working as a cashier or salesperson, making deliveries, or construction work)?	1 2 3 4	
Being concerned or embarrassed about your nails in intimate settings or situations?	1 2 3 4	
Doing social activities with groups of people?	1 2 3 4	
Doing things you wanted to do for fun and recreation?	1 2 3 4	
Concern about concealing your nails or keeping your shoes on?	1 2 3 4	
Overall, how much of a problem is your nail condition in your life?	1 2 3 4	
<b>Some people with onychomycosis (nail fungal condition) report being bothered by the following situations. Please answer the following according to how closely you feel these situations describe you.</b>		0 = does not describe me at all 1 = Describes me only a little

3. How much of the following situations describe you because of your nail fungal condition? (Circle one number on each line)	2 = Describes me somewhat 3 = describes me well 4 = describes me very well
1. I worry that people form an unfavorable impression of me.	0 1 2 3 4
2. I am concerned that people find fault with me.	0 1 2 3 4
3. It is important that people have a favorable impression of me.	0 1 2 3 4
4. I feel less attractive than other people.	0 1 2 3 4
5. I feel odd or different from other people.	0 1 2 3 4
6. I feel self-conscious and embarrassed in public.	0 1 2 3 4
7. It is important that people do not know about my health problems.	0 1 2 3 4
4. The following questions ask you to assess your satisfaction with your nail treatment program (1=very satisfied to 5=very dissatisfied)?  Check here if you have had no treatment yet: <input type="checkbox"/>	1 = very satisfied 2 = Somewhat satisfied 3 = Neither satisfied nor dissatisfied 4 = Somewhat dissatisfied 5 = Very dissatisfied
How satisfied are you now with the appearance of your toenails?	1 2 3 4 5
How satisfied have you been with the improvement in the condition of your toenails?	1 2 3 4 5
How satisfied have you been with the results of your treatment program?	1 2 3 4 5
THANK YOU VERY MUCH FOR YOUR TIME!	