

RODS for GBS – CIDP - MGUSP

INSTRUCTIONS: This is a questionnaire about the relationship between daily activities and your health. Your answers give information about how your polyneuropathy affects your daily and social activities and to what degree you are able to perform your usual activities.

Answer each question by marking the correct box ("x"). If you are not sure about your ability to perform a task, you are still requested to mark an answer that comes as close as possible to your judged ability to complete such a task. All questions should be completed. You can only choose one answer to each question. If your situation fluctuates, your answer should be based on how you *usually* perform the task.

If you need assistance or you are using special devices to perform the activity, you are requested to mark "possible, but with some difficulty ". In case you never perform the activity due to your polyneuropathy mark "not possible".

Task	Mark the best option with "x"		
	Not possible to perform	Possible, but with some difficulty	Possible, without any difficulty
	[0]	[1]	[2]
1. read a newspaper/book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. eat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. brush your teeth?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. wash upper body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. sit on a toilet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. make a sandwich?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. dress upper body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. wash lower body?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. move a chair?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. turn a key in a lock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. go to the general practitioner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. take a shower?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. do the dishes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. do the shopping?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. catch an object (e.g., ball)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. bend and pick up an object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. walk one flight of stairs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. travel by public transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. walk and avoid obstacles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. walk outdoor < 1 km?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. carry and put down a heavy object?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. dance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. stand for hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. run?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>