Steroid PRO

We are interested in your experience of being treated with steroids (e.g. prednisone or prednisolone). There are no right or wrong answers.

Due to treatment with steroids, during the past 7 days…

Please select ☑ one answer for each question

		Never	Rarely	Sometimes	Often	Always
1	I felt restless or physically agitated, and couldn't relax	☐	☐	☐	☐	☐
2	I was unhappy with my appearance (e.g. changes in face or body shape)	☐	☐	☐	☐	☐
3	I felt anxious, panicky, or fearful	☐	☐	☐	☐	☐
4	I had difficulty thinking clearly or making decisions	☐	☐	☐	☐	☐
5	I talked too much, too fast, or too loudly	☐	☐	☐	☐	☐
6	I felt upset or annoyed about needing to take steroids	☐	☐	☐	☐	☐
7	I had a problem with fatigue or tiredness (e.g. lacking energy, feeling exhausted, or difficulty staying awake)	☐	☐	☐	☐	☐
8	I was irritable or angry with other people (e.g. with family or friends, at work, or while driving)	☐	☐	☐	☐	☐
9	I felt upset or annoyed about taking extra medications (e.g. to protect bones or stomach, or to treat diabetes or high blood pressure)	☐	☐	☐	☐	☐
10	I avoided being with other people	☐	☐	☐	☐	☐
11	I have worried about the long-term risks of treatment	☐	☐	☐	☐	☐
12	I have worried about my weight (e.g. being very aware of weight, having to think carefully about what I eat)	☐	☐	☐	☐	☐
13	I had problems joining in with other people due to low energy or poor concentration (e.g. with family, friends, doing activities, or at work)	☐	☐	☐	☐	☐
14	I had difficulties with clothes not fitting, due to changes in my weight or size	☐	☐	☐	☐	☐
15	I had difficulty with my everyday responsibilities (e.g. work, volunteering, childcare, or supporting other people)	☐	☐	☐	☐	☐

Thank you for completing this questionnaire