AQoL-4D Basic Data Collection Copy

Tick the box next to the response that best fits your situation

| aqol1. | Do you need any help looking after yourself? (For example: dressing, bathing, eating) | | | |
|--------|--|---|--|--|
| | | I need no help at all. | | |
| | | Occasionally I need some help with personal care tasks. | | |
| | | I need help with the more difficult personal care tasks. | | |
| | | I need daily help with most or all personal care tasks. | | |
| aqol2. | When doing household tasks: (For example: cooking, cleaning the house, washing) | | | |
| | | I need no help at all. | | |
| | | Occasionally I need some help with household tasks. | | |
| | | I need help with the more difficult household tasks. | | |
| | | I need daily help with most or all household tasks. | | |
| aqol3. | Thinking about how easily you can get around your home and community: | | | |
| | | I get around my home and community by myself without any difficulty. | | |
| | | I find it difficult to get around my home and community by myself. | | |
| | | I cannot get around the community by myself, but I can get around my home with some | | |
| | | difficulty. | | |
| | | I cannot get around either the community or my home by myself. | | |
| aqol4. | Because of your health, your relationships (for example: with your friends, partner or | | | |
| | parents) generally: | | | |
| | | Are very close and warm. | | |
| | | Are sometimes close and warm. | | |
| | | Are seldom close and warm. | | |
| | | I have no close and warm relationships. | | |
| aqol5. | Thinking about your relationship with other people: | | | |
| | | I have plenty of friends, and am never lonely. | | |
| | | Although I have friends, I am occasionally lonely. | | |
| | | I have some friends, but am often lonely for company. | | |
| | | I am socially isolated and feel lonely. | | |
| aqol6. | Thinking about your health and your relationship with your family: | | | |
| | | My role in the family is unaffected by my health. | | |
| | | There are some parts of my family role I cannot carry out. | | |
| | | There are many parts of my family role I cannot carry out. | | |
| | | I cannot carry out any part of my family role. | | |

| | | I see normally | |
|---------|--|---|--|
| | | I have some difficulty focusing on things, or I do not see them sharply. | |
| | | For example: small print, a newspaper or seeing objects in the distance. | |
| | | I have a lot of difficulty seeing things. | |
| | | My vision is blurred. For example: I can see just enough to get by with. | |
| | | I only see general shapes, or am blind. | |
| | | For example: I need a guide to move around. | |
| aqol8. | Thinking | g about your hearing, including using your hearing aid if needed: | |
| | | I hear normally | |
| | | I have some difficulty hearing or I do not hear clearly. | |
| | | For example: I ask people to speak up, or turn up the TV or radio volume. | |
| | | I have difficulty hearing things clearly. | |
| | | For example: Often I do not understand what is said. I usually do not take part in | |
| | | conversations because I cannot hear what is said. | |
| | | I hear very little indeed. | |
| | | For example: I cannot fully understand loud voices speaking directly to me. | |
| aqol9. | When yo | ou communicate with others: (For example: by talking, listening, writing or signing.) | |
| | | I have no trouble speaking to them or understanding what they are saying | |
| | | I have some difficulty being understood by people who do not know me. I have no trouble | |
| | | understanding what others are saying to me. | |
| | | I am only understood by people who know me well. I have great trouble understanding | |
| | | what others are saying to me. | |
| | | I cannot adequately communicate with others. | |
| aqol10. | Thinkin | g about how you sleep: | |
| | | I am able to sleep without difficulty most of the time. | |
| | | My sleep is interrupted some of the time, but I am usually able to go back to sleep without | |
| | | difficulty. | |
| | | My sleep is interrupted most nights, but I am usually able to go back to sleep without | |
| | | difficulty. | |
| | | I sleep in short bursts only. I am awake most of the night. | |
| aqol11. | Thinking about how you generally feel: | | |
| | | I do not feel anxious, worried or depressed. | |
| | | I am slightly anxious, worried or depressed. | |
| | | I feel moderately anxious, worried or depressed. | |
| | | I am extremely anxious, worried or depressed. | |
| aqol12. | How mu | uch pain or discomfort do you experience: | |
| | | None at all. | |
| | | I have moderate pain. | |
| | | I suffer from severe pain. | |
| | | I suffer unhearable pain | |

Thinking about your vision, including when using your glasses or contact lenses if needed:

aqol7.