AQoL-4D  Data Collection Copy

Tick the box that best describes your situation as it has been over the past week

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.
Tick the box that best describes your situation as it has been over the past week

aqol7. Thinking about your vision, including when using your glasses or contact lenses if needed:

☐ 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 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 you 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. Thinking 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 much pain or discomfort do you experience:

☐ None at all.
☐ I have moderate pain.
☐ I suffer from severe pain.
☐ I suffer unbearable pain.