

Adolescent AQoL- 6D Simplified

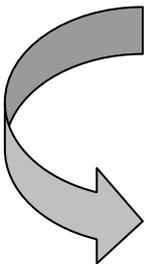
(Generic QoL for Adolescents)

This questionnaire has six sections:

1. Physical ability
2. Social and family relationships
3. Mental health
4. Coping
5. Pain
6. Vision, hearing and communication

You answer each question by ticking the box next to the response that best fits your situation.

Example answer



Most of the time Tom enjoys a good relationship with his family so he marks the second box from the top to show his answer:

How happy are you with your relationships with your **family**?

- very happy
- generally happy
- neither happy nor unhappy
- generally unhappy
- very unhappy
- this question is not relevant to me.

Physical ability

Questions 1 to 4 are about how well you are physically able to do things for yourself.

- Q1** How much help do you need when you do jobs around where you live (eg. cleaning, helping with meals, working in the garden)?
- I can do all these jobs very quickly and easily without any help
 - I can do these jobs relatively easily without help
 - I can do these jobs only very slowly without help
 - I cannot do most of these jobs unless I have help
 - I can do none of these jobs by myself
 - I never do jobs where I live although I am able to do so. *(same score as second response)*
- Q2** How easy or difficult is it for you to get around **by yourself** outside your home (eg. at school, going out with my friends)?
- getting around is enjoyable and easy
 - I have no difficulty getting around outside my house
 - a little difficulty
 - moderate difficulty
 - a lot of difficulty
 - I cannot get around unless somebody is there to help me.
- Q3** How well can you walk or run?
- I find walking or running very easy.
 - I have no real difficulty with walking or running.
 - I find walking or running slightly difficult.
(I cannot run to catch a bus or train, I find walking uphill difficult.)
 - Walking is difficult for me.
(I walk short distances only. I have difficulty walking up stairs.)
 - I have great difficulty walking.
(I cannot walk without a walking stick or frame, or someone to help me.)
 - I am bedridden.
- Q4** How easy is washing yourself, going to the toilet, dressing, eating, and looking after your appearance?
- These tasks are very easy for me.
 - I have no real difficulty in carrying out these tasks.
 - I find some of these tasks difficult, but I manage to do them on my own.
 - Many of these tasks are difficult, and I need help to do them.
 - I cannot do these tasks by myself at all.

Social and family relationships

Questions 5 to 7 are about your relationships and involvement with your family, friends and local community, and how they are affected by your health.

Q5 How happy do your close friendships make you?

- very happy
- generally happy
- neither happy nor unhappy
- generally unhappy
- very unhappy

Q6 Does your health affect your relationship with your family?

- My relationship with my family is unaffected by my health.
- Some parts of my relationship with my family are affected by my health.
- Many parts of my relationship with my family are affected by my health.
- Every part of my relationship with my family is affected by my health.

Q7 How does your health affect your involvement in groups, clubs, sporting or school activities?

- My involvement with such groups is not affected by my health.
- There are some group activities I am not involved in because of my health.
- There are many group activities I am not involved in because of my health.
- I am not involved in any group activities because of my health.

Mental health

Questions 8 to 11 are about my mental health.

Q8 How often did you feel in despair (lost and hopeless) over the last seven days?

- never
- occasionally
- sometimes
- often
- all the time.

Q9 How often did you feel worried over the last seven days?

- never
- occasionally
- sometimes
- often
- all the time.

Q10 How often do you feel sad?

- never
- rarely
- sometimes
- usually
- nearly all the time.

Q11 How often do you feel calm or agitated (stressed)?

- always calm
- usually calm
- sometimes calm, sometimes agitated
- usually agitated
- always agitated.

Coping

Questions 12 to 14 are about my ability to cope with things.

Q12 How much energy do you have to do the things you want to do?

- always full of energy
- usually full of energy
- occasionally full of energy
- usually tired and lacking energy
- always tired and lacking energy.

Q13 How often do you feel you manage your life well?

- always
- mostly
- sometimes
- only occasionally
- never.

Q14 How much do you feel you can cope with life's problems (such as conflict with family or friends, doing exams etc.)?

- completely
- mostly
- partly
- very little
- not at all.

Pain

Questions 15 to 17 are about my experiences of physical pain.

Q15 How often do you experience serious physical pain?

- very rarely
- less than once a week
- three to four times a week
- most of the time.

Q16 How much physical pain or discomfort do you experience?

- none at all
- I have moderate pain
- I suffer from severe pain
- I suffer unbearable pain.

Q17 How often does physical pain interfere with your usual activities?

- never
- rarely
- sometimes
- often
- always.

Vision, hearing and communication

Questions 18 to 20 are about seeing, hearing and communicating.

Q18 How good is your vision (with your glasses or contact lenses if you wear them)?

- I have excellent sight.
- I see normally.
- I have some difficulty focusing on things, or I do not see them sharply.
(eg. *small print, writing on the board or seeing objects in the distance*)
- I have a lot of difficulty seeing things. (*My vision is blurred. I can see just enough to get by with.*)
- I only see general shapes. I need a guide to move around.
- I am completely blind.

Q19 How good is your hearing (with your hearing aid if you wear one)?

- I have excellent hearing
- I hear normally
- I have some difficulty hearing or I do not hear clearly. (*I have trouble hearing softly-spoken people or when there is background noise.*)
- I have difficulty hearing things clearly. (*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. (*I cannot fully understand loud voices speaking directly to me.*)
- I am completely deaf.

Q20 How well can you communicate with others (eg. by talking, listening, writing or using sign language)?

- I have **no** difficulty 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 have **great** trouble understanding what others are saying to me.
I am understood only by people who know me well.
- I cannot communicate with others.