

AQoL-6D (Data Collection Copy Simplified)

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

Q1 How much help do you need with jobs around your place of residence (eg preparing food, cleaning, gardening)?

- I can do all these tasks very quickly and efficiently without any help
- I can do these tasks relatively easily without help
- I can do these tasks only very slowly without help
- I cannot do most of these tasks unless I have help
- I can do none of these tasks by myself.

Q2 How easy or difficult is it for you to get around by yourself outside your place of residence (eg to go shopping, visiting)?

- getting around is enjoyable and easy
- I have no difficulty getting around outside my place of residence
- I have a little difficulty
- I have moderate difficulty
- I have a lot of difficulty
- I cannot get around unless somebody is there to help me.

Q3 How easy or difficult is it for you to move around (using any aids or equipment you need eg a wheelchair, frame or stick)?

- I am very mobile
- I have no difficulty with mobility
- I have some difficulty with mobility (for example, going uphill)
- I have difficulty with mobility. I can go short distances only.
- I have a lot of difficulty with mobility. I need someone to help me.
- I am bedridden.

Q4 How difficult is it for you to wash, toilet, dress yourself, eat or care for 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.

Q5 How happy are you with your close and intimate relationships?

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

Q6 Does your health affect 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.

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Q7 Does your health affect your role in your community (eg residential, sporting, church or cultural groups)?

- my role in the community is unaffected by my health
- there are some parts of my community role I cannot carry out
- there are many parts of my community role I cannot carry out
- I cannot carry out any part of my community role.

Q8 How often did you feel in despair over the last seven days?

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

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

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

Q10 How often do you feel sad?

- never
- rarely
- some of the time
- usually
- nearly all the time.

Q11 Do you normally feel calm and tranquil or agitated?

I am

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

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

I am

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

Q13 How often do you feel in control of your life?

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

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Q14 How much do you feel you can cope with life's problems?

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

Q15 How often do you experience serious pain?

I experience it

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

Q16 How much 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 pain interfere with your usual activities?

- never
- rarely
- sometimes
- often
- always

Q18 How well can you see (using your glasses or contact lenses if needed)?

- I have excellent sight
- I see normally
- I have some difficulty focusing on things, or I do not see them sharply. *E.g. small print, a newspaper 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 well can you hear (using your hearing aid if needed)?

- 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.

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Q20 How well do you communicate with others (talking, signing, texting, being understood by others and understanding them)?

- 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 understood only by people who know me well. I have great trouble understanding what others are saying to me.
- I cannot adequately communicate with others.