

AQoL-4D

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

INDEPENDENT LIVING

1. **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.

2. **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.

3. **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.

RELATIONSHIPS

4. **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

5. **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.

6. **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.

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SENSES

7. 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.

8. 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.

9. 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.

MENTAL HEALTH

10. 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.

11. 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.

12. How much pain or discomfort do you experience:

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