

AQoL-8D Simplified

in Dimension Order with

Dimension Headings

Physical SuperDimension -1, 2, 3

Psychological SuperDimension 4, 5,6,7,8

1. INDEPENDENT LIVING

- Q1 How much help do you need with jobs around your place of residence (eg preparing food, cleaning, gardening)?
- Q2 How easy or difficult is it for you to get around by yourself outside your place of residence (eg. to go shopping, visiting)?
- 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)?
- Q4 How difficult is it for you to wash, toilet, dress yourself, eat or care for your appearance?

2. PAIN

- Q5 How often do you experience serious pain?
- Q6 How much pain or discomfort do you experience?
- Q7 How often does pain interfere with your usual activities?

3. SENSES

- Q8 How well can you see (using your glasses or contact lenses if they are needed)?
- Q9 How well can you hear (using your hearing aid if needed)?
- Q10 How well do you communicate with others (eg. talking, signing, texting, being understood by others and understanding them)?

4. HAPPINESS

- Q11 How content are you with your life?
- Q12 How enthusiastic do you feel?
- Q13 How often do you feel happy?
- Q14 How often do you feel pleasure?

5. MENTAL HEALTH

- Q15 How often do you feel depressed?
- Q16 How often do you have trouble sleeping?
- Q17 How often do you feel angry?
- Q18 Do you ever feel like hurting yourself?
- Q19 How often did you feel in despair over the last seven days?
- Q20 How often did you feel worried in the last seven days?
- Q21 How often do you feel sad?
- Q22 Do you normally feel calm and tranquil or agitated?

6. COPING

- Q23 How much energy do you have to do the things you want to do?
- Q24 How often do you feel in control of your life?
- Q25 How much do you feel you can cope with life's problems?

7. RELATIONSHIPS

- Q26 How much do you enjoy your close relationships (family and friends)?
- Q27 How satisfying are your close relationships (family and friends)?
- Q28 How often do you feel socially isolated?
- Q29 How often do you feel socially excluded or left out?
- Q30 How happy are you with your close and intimate relationships?
- Q31 Does your health affect your relationship with your family?
- Q32 Does your health affect your role in your community (eg. residential, sporting, church or cultural activities)?

8. SELF WORTH

- Q33 How much of a burden do you feel you are to other people?
- Q34 How often do you feel worthless?
- Q35 How much confidence do you have in yourself?

