

QUALITY OF LIFE QUESTIONNAIRE (15D©)

Please read through all the alternative responses to each question before placing a cross (x) against the alternative which best describes **your present health status**. Continue through all 15 questions in this manner, giving only **one** answer to each.

QUESTION 1. MOBILITY

- 1 () I am able to walk normally (without difficulty) indoors, outdoors and on stairs.
- 2 () I am able to walk without difficulty indoors, but outdoors and/or on stairs I have slight difficulties.
- 3 () I am able to walk without help indoors (with or without an appliance), but outdoors and/or on stairs only with considerable difficulty or with help from others.
- 4 () I am able to walk indoors only with help from others.
- 5 () I am completely bed-ridden and unable to move about.

QUESTION 2. VISION

- 1 () I see normally, i.e. I can read newspapers and TV text without difficulty (with or without glasses).
- 2 () I can read papers and/or TV text with slight difficulty (with or without glasses).
- 3 () I can read papers and/or TV text with considerable difficulty (with or without glasses).
- 4 () I cannot read papers or TV text either with glasses or without, but I can see enough to walk about without guidance.
- 5 () I cannot see enough to walk about without a guide, i.e. I am almost or completely blind.

QUESTION 3. HEARING

- 1 () I can hear normally, i.e. normal speech (with or without a hearing aid).
- 2 () I hear normal speech with a little difficulty.
- 3 () I hear normal speech with considerable difficulty; in conversation I need voices to be louder than normal.
- 4 () I hear even loud voices poorly; I am almost deaf.
- 5 () I am completely deaf.

QUESTION 4. BREATHING

- 1 () I am able to breathe normally, i.e. with no shortness of breath or other breathing difficulty.
- 2 () I have shortness of breath during heavy work or sports, or when walking briskly on flat ground or slightly uphill.
- 3 () I have shortness of breath when walking on flat ground at the same speed as others my age.
- 4 () I get shortness of breath even after light activity, e.g. washing or dressing myself.
- 5 () I have breathing difficulties almost all the time, even when resting.

QUESTION 5. SLEEPING

- 1 () I am able to sleep normally, i.e. I have no problems with sleeping.
- 2 () I have slight problems with sleeping, e.g. difficulty in falling asleep, or sometimes waking at night.
- 3 () I have moderate problems with sleeping, e.g. disturbed sleep, or feeling I have not slept enough.
- 4 () I have great problems with sleeping, e.g. having to use sleeping pills often or routinely, or usually waking at night and/or too early in the morning.
- 5 () I suffer severe sleeplessness, e.g. sleep is almost impossible even with full use of sleeping pills, or staying awake most of the night.

QUESTION 6. EATING

- 1 () I am able to eat normally, i.e. with no help from others.
- 2 () I am able to eat by myself with minor difficulty (e.g. slowly, clumsily, shakily, or with special appliances).
- 3 () I need some help from another person in eating.
- 4 () I am unable to eat by myself at all, so I must be fed by another person.
- 5 () I am unable to eat at all, so I am fed either by tube or intravenously.

QUESTION 7. SPEECH

- 1 () I am able to speak normally, i.e. clearly, audibly and fluently.
- 2 () I have slight speech difficulties, e.g. occasional fumbling for words, mumbling, or changes of pitch.
- 3 () I can make myself understood, but my speech is e.g. disjointed, faltering, stuttering or stammering.
- 4 () Most people have great difficulty understanding my speech.
- 5 () I can only make myself understood by gestures.

QUESTION 8. EXCRETION

- 1 () My bladder and bowel work normally and without problems.
- 2 () I have slight problems with my bladder and/or bowel function, e.g. difficulties with urination, or loose or hard bowels.
- 3 () I have marked problems with my bladder and/or bowel function, e.g. occasional 'accidents', or severe constipation or diarrhea.
- 4 () I have serious problems with my bladder and/or bowel function, e.g. routine 'accidents', or need of catheterization or enemas.
- 5 () I have no control over my bladder and/or bowel function.

QUESTION 9. USUAL ACTIVITIES

- 1 () I am able to perform my usual activities (e.g. employment, studying, housework, free-time activities) without difficulty.
- 2 () I am able to perform my usual activities slightly less effectively or with minor difficulty.
- 3 () I am able to perform my usual activities much less effectively, with considerable difficulty, or not completely.
- 4 () I can only manage a small proportion of my previously usual activities.
- 5 () I am unable to manage any of my previously usual activities.

QUESTION 10. MENTAL FUNCTION

- 1 () I am able to think clearly and logically, and my memory functions well
- 2 () I have slight difficulties in thinking clearly and logically, or my memory sometimes fails me.
- 3 () I have marked difficulties in thinking clearly and logically, or my memory is somewhat impaired.
- 4 () I have great difficulties in thinking clearly and logically, or my memory is seriously impaired.
- 5 () I am permanently confused and disoriented in place and time.

QUESTION 11. DISCOMFORT AND SYMPTOMS

- 1 () I have no physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.
- 2 () I have mild physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.
- 3 () I have marked physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.
- 4 () I have severe physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.
- 5 () I have unbearable physical discomfort or symptoms, e.g. pain, ache, nausea, itching etc.

QUESTION 12. DEPRESSION

- 1 () I do not feel at all sad, melancholic or depressed.
- 2 () I feel slightly sad, melancholic or depressed.
- 3 () I feel moderately sad, melancholic or depressed.
- 4 () I feel very sad, melancholic or depressed.
- 5 () I feel extremely sad, melancholic or depressed.

QUESTION 13. DISTRESS

- 1 () I do not feel at all anxious, stressed or nervous.
- 2 () I feel slightly anxious, stressed or nervous.
- 3 () I feel moderately anxious, stressed or nervous.
- 4 () I feel very anxious, stressed or nervous.
- 5 () I feel extremely anxious, stressed or nervous.

QUESTION 14. VITALITY

- 1 () I feel healthy and energetic.
- 2 () I feel slightly weary, tired or feeble.
- 3 () I feel moderately weary, tired or feeble.
- 4 () I feel very weary, tired or feeble, almost exhausted.
- 5 () I feel extremely weary, tired or feeble, totally exhausted.

QUESTION 15. SEXUAL ACTIVITY

- 1 () My state of health has no adverse effect on my sexual activity.
- 2 () My state of health has a slight effect on my sexual activity.
- 3 () My state of health has a considerable effect on my sexual activity.
- 4 () My state of health makes sexual activity almost impossible.
- 5 () My state of health makes sexual activity impossible.