

DEMQOL - Carer (version 4)

Instructions: *Read each of the following questions (in bold) verbatim and show the respondent the response card.*

I would like to ask you about _____ (your relative's) life, as you are the person who knows him/her best. There are no right or wrong answers. Just give the answer that best describes how _____ (your relative) has felt in the last week. If possible try and give the answer that you think _____ (your relative) would give. Don't worry if some questions appear not to apply to _____ (your relative). We have to ask the same questions of everybody.

Before we start we'll do a practise question; that's one that doesn't count. (Show the response card and ask respondent to say or point to the answer). In the last week how much has _____ (your relative) enjoyed watching television?

a lot quite a bit a little not at all

Follow up with a prompt question: Why is that? or Tell me a bit more about that.

For all of the questions I'm going to ask you, I want you to think about the last week.

First I'm going to ask you about _____ (your relative's) **feelings**. In the last week, would you say that _____ (your relative) has felt _____.

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|--|--------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| 1. cheerful? ** | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 2. worried or anxious? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 3. frustrated? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 4. full of energy? ** | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 5. sad? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 6. content? ** | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 7. distressed? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 8. lively? ** | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 9. irritable? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 10. fed-up | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 11. that he/she has things to look forward to? ** | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |

Next, I'm going to ask you about _____ (your relative's) **memory**. In the last week, how worried would you say _____ (your relative) has been about _____.

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|---|--------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| 12. his/her memory in general? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 13. forgetting things that happened a long time ago? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 14. forgetting things that happened recently? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 15. forgetting people's names? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 16. forgetting where he/she is? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 17. forgetting what day it is? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |

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|-------------------------------------|--------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| 18. his/her thoughts being muddled? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 19. difficulty making decisions? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 20. making him/herself understood? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |

Now, I'm going to ask about _____ (your relative's) everyday life. In the last week, how worried would you say _____ (your relative) has been about _____.

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|--|--------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| 21. keeping him/herself clean
(eg washing and bathing)? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 22. keeping him/herself looking nice? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 23. getting what he/she wants
from the shops? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 24. using money to pay for things? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 25. looking after his/her finances? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 26. things taking longer than
they used to? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 27. getting in touch with people? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 28. not having enough company? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 29. not being able to help other
people? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 30. not playing a useful part
in things? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 31. his/her physical health? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |

We've already talked about lots of things: _____ (your relative's) feelings, memory and everyday life. Thinking about all of these things in the last week, how would you say _____ (your relative) would rate ..

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|---|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| 32. his/her quality of life overall? ** | <input type="checkbox"/> very good | <input type="checkbox"/> good | <input type="checkbox"/> fair | <input type="checkbox"/> poor |
|---|------------------------------------|-------------------------------|-------------------------------|-------------------------------|

** items that need to be reversed before scoring