

Study ID

## ***DEMQOL (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 life. There are no right or wrong answers. Just give the answer that best describes how you have felt in the last week. Don't worry if some questions appear not to apply to you. 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 have you 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 about your feelings. In the last week, have you felt.....

- |  |                                |                                      |                                   |                                     |
|--|--------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| 1. <b>cheerful? **</b>   | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 2. <b>worried or anxious?</b>  | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 3. <b>that you are enjoying life? **</b>                             | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 4. <b>frustrated?</b>  | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 5. <b>confident? **</b>  | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 6. <b>full of energy? **</b>   | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 7. <b>sad?</b>   | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 8. <b>lonely?</b>  | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 9. <b>distressed?</b>  | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 10. <b>lively? **</b>  | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 11. <b>irritable?</b>  | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 12. <b>fed-up?</b>   | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 13. <b>that there are things that you wanted to do but couldn't?</b> | <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 memory. In the last week, how worried have you been about.....

- |  |                                |                                      |                                   |                                     |
|--|--------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| 14. <b>forgetting things that happened recently?</b> | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 15. <b>forgetting who people are?</b>                | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 16. <b>forgetting what day it is?</b>                | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |

17. **your thoughts being muddled?**     a lot                       quite a bit                       a little                       not at all
18. **difficulty making decisions?**     a lot                       quite a bit                       a little                       not at all
19. **poor concentration?**             a lot                       quite a bit                       a little                       not at all

**Now, I'm going to ask you about your everyday life. In the last week, how worried have you been about.....**

20. **not having enough company?**     a lot                       quite a bit                       a little                       not at all
21. **how you get on with people close to you?**     a lot                       quite a bit                       a little                       not at all
22. **getting the affection that you want?**                       a lot                       quite a bit                       a little                       not at all
23. **people not listening to you?**     a lot                       quite a bit                       a little                       not at all
24. **making yourself understood?**     a lot                       quite a bit                       a little                       not at all
25. **getting help when you need it?**     a lot                       quite a bit                       a little                       not at all
26. **getting to the toilet in time?**     a lot                       quite a bit                       a little                       not at all
27. **how you feel in yourself?**             a lot                       quite a bit                       a little                       not at all
28. **your health overall?**                 a lot                       quite a bit                       a little                       not at all

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

29. **your quality of life overall? \*\***     very good                       good                       fair                       poor

\*\* items that need to be reversed before scoring