

The Assessment of Quality of Life (AQOL) Instrument¹

INSTRUCTIONS:

Please circle the alternative that best describes you during the last week.

ILLNESS

- 1 Concerning my use of prescribed medicines:**
 - A. I do not or rarely use any medicines at all.
 - B. I use one or two medicinal drugs regularly.
 - C. I need to use three or four medicinal drugs regularly.
 - D. I use five or more medicinal drugs regularly.

- 2 To what extent do I rely on medicines or medical aid?** (NOT glasses or hearing aid).
(For example: walking frame, wheelchair, prosthesis etc.)
 - A. I do not use any medicines and/or medical aids.
 - B. I occasionally use medicines and/or medical aids.
 - C. I regularly use medicines and/or medical aids.
 - D. I have to constantly take medicines or use a medical aid.

- 3 Do I need regular medical treatment from a doctor or other health professional?**
 - A. I do not need regular medical treatment.
 - B. Although I have some regular medical treatment, I am not dependent on this.
 - C. I am dependent on having regular medical treatment.
 - D. My life is dependent upon regular medical treatment.

INDEPENDENT LIVING

4 Do I need any help looking after myself?

- A. I need no help at all.
- B. Occasionally I need some help with personal care tasks.
- C. I need help with the more difficult personal care tasks.
- D. I need daily help with most or all personal care tasks.

5 When doing household tasks:

(For example, preparing food, gardening, using the video recorder, radio, telephone, or washing the car)

- A. I need no help at all.
- B. Occasionally I need some help with household tasks.
- C. I need help with the more difficult household tasks.
- D. I need daily help with most or all household tasks.

6 Thinking about how easily I can get around my home and community:

- A. I get around my home and community by myself without any difficulty.
- B. I find it difficult to get around my home and community by myself.
- C. I cannot get around the community by myself, but I can get around my home with some difficulty.
- D. I cannot get around either the community or my home by myself.

SOCIAL RELATIONSHIPS

- 7** **Because of my health, my relationships** (for example: with my friends, partner or parents) **generally:**
- A. Are very close and warm.
 - B. Are sometimes close and warm.
 - C. Are seldom close and warm.
 - D. I have no close and warm relationships.
- 8** **Thinking about my relationship with other people:**
- A. I have plenty of friends, and am never lonely.
 - B. Although I have friends, I am occasionally lonely.
 - C. I have some friends, but am often lonely for company.
 - D. I am socially isolated and feel lonely.
- 9** **Thinking about my health and my relationship with my family:**
- A. My role in the family is unaffected by my health.
 - B. There are some parts of my family role I cannot carry out.
 - C. There are many parts of my family role I cannot carry out.
 - D. I cannot carry out any part of my family role.

PHYSICAL SENSES

10 Thinking about my vision, including when using my glasses or contact lenses if needed:

- A. I see normally.
- B. 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.)
- C. I have a lot of difficulty seeing things. My vision is blurred.
(For example: I can see just enough to get by with.)
- D. I only see general shapes, or am blind.
(For example: I need a guide to move around.)

11 Thinking about my hearing, including using my hearing aid if needed:

- A. I hear normally.
- B. 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.)
- C. 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.)
- D. I have very little indeed.
(For example: I cannot fully understand loud voices speaking directly to me.)

12 When I communicate with others:

(For example: by talking, listening, writing or signing)

- A. I have no trouble speaking to them or understanding what they are saying.
- B. I have some difficulty being understood by people who do not know me. I have no trouble understanding what others are saying to me.
- C. I am only understood by people who know me well. I have great trouble understanding what others are saying to me.
- D. I cannot adequately communicate with others.

PSYCHOLOGICAL WELL-BEING

13 If I think about how I sleep:

- A. I am able to sleep without difficulty most of the time.
- B. My sleep is interrupted some of the time, but I am usually able to go back to sleep without difficulty.
- C. My sleep is interrupted most nights, but I am usually able to go back to sleep without difficulty.
- D. I sleep in short bursts only. I am awake most of the night.

14 Thinking about how I generally feel:

- A. I do not feel anxious, worried or depressed.
- B. I am slightly anxious, worried or depressed.
- C. I feel moderately anxious, worried or depressed.
- D. I am extremely anxious, worried or depressed.

15 How much pain or discomfort do I experience?

- A. None at all.
- B. I have moderate pain.
- C. I suffer from severe pain.
- D. I suffer unbearable pain.