

QUALITY OF LIFE IN EPILEPSY – PROBLEMS

QOLIE-31-P (Version 2)

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Today's Date _____ / _____ / _____
mm dd yy

Name _____ Age: _____ years

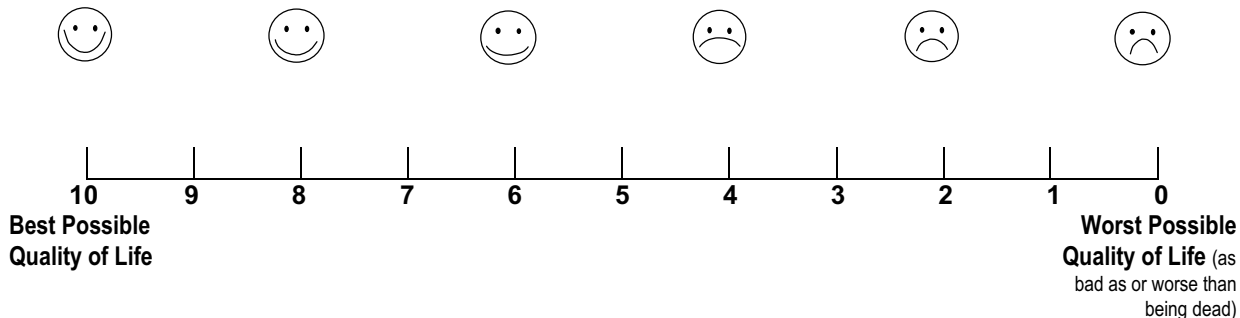
INSTRUCTIONS

The QOLIE-31-P is a survey of health-related quality of life for adults (18 years or older) with epilepsy. [Adolescents (ages 11-17 years) should complete the QOLIE-AD-48, designed for that age group.] This version differs from the original QOLIE-31 (version 1) in the addition of questions about how much distress you feel about problems and worries related to epilepsy. This questionnaire should be completed only by the person who has epilepsy (not a relative or friend) because no one else knows how YOU feel.

There are 38 questions about your health and daily activities. Answer every question by circling the appropriate number (1, 2, 3...). If you are unsure about how to answer a question, please give the best answer you can and write a comment or explanation on the side of the page. These notes may be useful if you discuss the QOLIE-31-P with your doctor. Completing the QOLIE-31-P before and after treatment changes may help you and your doctor understand how the changes have affected your life.

This copy of the QOLIE-31-P is provided by www.epilepsy.com, your source for epilepsy information, and the QOLIE Development Group. We wish you success in living your life with epilepsy!

Overall, how would you rate your quality of life?
(Circle one number on the scale below)



Part A.

These questions are about how you have been FEELING during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

(Circle one number on each line)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
1. Did you feel full of pep?	1	2	3	4	5	6
2. Did you have a lot of energy?	1	2	3	4	5	6
3. Did you feel worn out?	1	2	3	4	5	6
4. Did you feel tired?	1	2	3	4	5	6

Reviewing only questions in **Part A**, consider the overall impact of these issues on your life **in the past 4 weeks**.

(Circle one number)

	Not at all	Somewhat	Moderately	A lot	Very much
5. How much do the above problems and worries about <u>energy distress</u> you overall?	1	2	3	4	5

Part B.

These questions are about how you have been FEELING during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

(Circle one number on each line)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
6. Have you been a very nervous person?	1	2	3	4	5	6
7. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
8. Have you felt calm and peaceful?	1	2	3	4	5	6
9. Have you felt downhearted and blue?	1	2	3	4	5	6
10. Have you been a happy person?	1	2	3	4	5	6

*Reviewing only questions in **Part B**, consider the overall impact of these issues on your life **in the past 4 weeks**.*

(Circle one number)

	Not at all	Somewhat	Moderately	A lot	Very much
11. How much do the above problems and worries about <u>emotions</u> distress you overall?	1	2	3	4	5

Part C.

The following questions are about how you FEEL and about problems you may have with daily ACTIVITIES during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling.

The following question asks about how you FEEL and how things have been going for you.

How much of the time during the past 4 weeks...

(Circle one number)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
12. Has your health limited your social activities (such as visiting with friends or close relatives)?	1	2	3	4	5	6

The following questions ask about problems you may have with certain ACTIVITIES.

How much of the time during the past 4 weeks your epilepsy or antiepileptic medication has caused trouble with...

(Circle one number on each line)

	A great deal	A lot	Somewhat	Only a little	Not at all
13. Leisure activities (such as hobbies, going out)	1	2	3	4	5
14. Driving (or transportation)	1	2	3	4	5

	Not at all bothersome				Extremely bothersome
15. How much do your work limitations bother you?	1	2	3	4	5
16. How much do your social limitations bother you?	1	2	3	4	5

Reviewing only questions in **Part C**, consider the overall impact of these issues on your life **in the past 4 weeks**.

(Circle one number)

	Not at all	Somewhat	Moderately	A lot	Very much
17. How much do the above problems and worries about <u>daily activities</u> distress you overall?	1	2	3	4	5

Part D.

These questions are about thinking, reading, concentrating and memory problems you may have had during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

(Circle one number)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
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18. Did you have difficulty reasoning and solving problems (such as making plans, making decisions, learning new things)?	1	2	3	4	5	6
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	Yes, a great deal	Yes, somewhat	Only A little	No, not at all
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19. In the past 4 weeks, have you had any trouble with your memory?	1	2	3	4
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In the past 4 weeks, how often have you had...

(Circle one number on each line)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
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20. Trouble remembering things people tell you?	1	2	3	4	5	6
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21. Trouble concentrating on reading?	1	2	3	4	5	6
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22. Trouble concentrating on doing one thing at a time?	1	2	3	4	5	6
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	Not at all bothersome	Extremely bothersome
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23. How much do your memory difficulties bother you?	1	2	3	4	5
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Reviewing only questions in Part D, consider the overall impact of these issues on your life in the past 4 weeks.

(Circle one number)

	Not at all	Somewhat	Moderately	A lot	Very much
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24. How much do the above problems and worries about <u>mental function</u> distress you overall?	1	2	3	4	5
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Part E.

These questions are about problems you may have related to your epilepsy or antiepileptic medication.

During the past 4 weeks...

(Circle one number on each line)

	Not at all bothersome				Extremely bothersome
25. How much do physical effects of antiepileptic medication bother you?	1	2	3	4	5

26. How much do mental effects of antiepileptic medication bother you?	1	2	3	4	5
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		Very worried	Somewhat worried	Not very worried	Not worried at all
27. How worried are you that medications you are taking will be bad for you if taken for a long time?		1	2	3	4

*Reviewing only questions in **Part E**, consider the overall impact of these issues on your life **in the past 4 weeks**.*

(Circle one number)

	Not at all	Somewhat	Moderately	A lot	Very much
28. How much do the above problems and worries about the <u>effects of medication</u> distress you overall?	1	2	3	4	5

Part F.

These questions are about how you FEEL about your seizures during the past 4 weeks. For each question, please indicate the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks...

(Circle one number)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
29. Have you worried about having another seizure?	1	2	3	4	5	6

	Very fearful	Somewhat fearful	Not very fearful	Not fearful at all
30. How fearful are you of having a seizure during the next month?	1	2	3	4

	Worry a lot	Occasionally worry	Don't worry at all
31. Do you worry about hurting yourself during a seizure?	1	2	3

	Very worried	Somewhat worried	Not very worried	Not at all worried
32. How worried are you about embarrassment or other social problems resulting from having a seizure during the next month?	1	2	3	4

	Not at all bothersome				Extremely bothersome
33. How much do your seizures bother you?	1	2	3	4	5

*Reviewing only questions in **Part F**, consider the overall impact of these issues on your life **in the past 4 weeks**.*

(Circle one number)

	Not at all	Somewhat	Moderately	A lot	Very much
34. How much do the above problems and worries about <u>seizures</u> distress you overall?	1	2	3	4	5

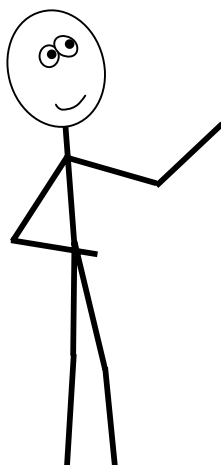
Part G.

The following question asks about how you FEEL about your overall quality of life. Please indicate the one answer that comes closest to the way you have been feeling.

35. How has the **QUALITY OF YOUR LIFE** been during the **past 4 weeks** (that is, how have things been going for you)?

(Circle one number)

	Very well : could hardly be better	1
	Pretty good	2
	Good & bad parts about equal	3
	Pretty bad	4
	Very bad: could hardly be worse	5



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Reviewing only questions 1 and 36 in **Part G** (on page 1 and this page), consider the overall impact of your quality of life **in the past 4 weeks**.

(Circle one number)

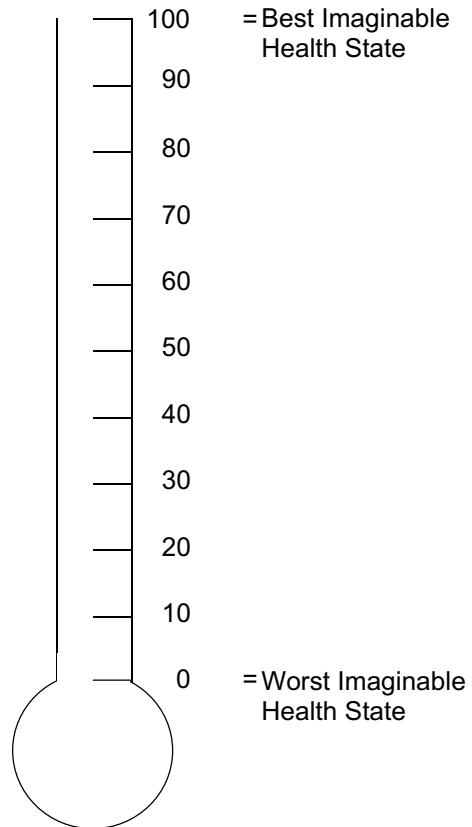
	Not at all	Somewhat	Moderately	A lot	Very much
36. How much does the state of your <u>quality of life</u> distress you overall?	1	2	3	4	5

Part H.

37. How good or bad do you think your HEALTH is?

On the scale below, the best imaginable state of health is 100 and the worst imaginable state is zero (0).

Please indicate how you feel about your health by circling one number on the scale. **Please consider your epilepsy as part of your health when you answer this question.**



Part I.

Considering **ALL** the questions you have answered, please **indicate the areas** related to your epilepsy that are most **IMPORTANT** to you **NOW**.

38. Number the following topics from '1' to '7', with '1' corresponding to the very most important topic and '7' to the least important one. Please use each number only once.

- _____ A. Energy (tiredness)
- _____ B. Emotions (mood)
- _____ C. Daily activities (work, driving, social)
- _____ D. Mental activity (thinking, concentrating, memory)
- _____ E. Medication effects (physical, mental)
- _____ F. Seizure worry (impact of seizures)
- _____ G. Overall quality of life

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