**AQOL-8D (Data Collection Copy)**

*Tick the box that best describes your situation as it has been over the past week*

**Q1** Thinking about how much energy you have to do the things you want to do:
- [ ] always full of energy
- [ ] usually full of energy
- [ ] occasionally energetic
- [ ] usually tired and lacking energy
- [ ] always tired and lacking energy

**Q2** How often do you feel socially excluded or left out?
- [ ] never
- [ ] rarely
- [ ] sometimes
- [ ] often
- [ ] always

**Q3** Thinking about how easy or difficult it is for you to get around by yourself outside your house (e.g., shopping, visiting):
- [ ] getting around is enjoyable and easy
- [ ] I have no difficulty getting around outside my house
- [ ] a little difficulty
- [ ] moderate difficulty
- [ ] a lot of difficulty
- [ ] I cannot get around unless somebody is there to help me

**Q4** Thinking about your health and your role in your community (that is to say neighbourhood, sporting, work, church or cultural groups):
- [ ] my role in the community is unaffected by my health
- [ ] there are some parts of my community role I cannot carry out
- [ ] there are many parts of my community role I cannot carry out
- [ ] I cannot carry out any part of my community role

**Q5** How often do you feel sad
- [ ] never
- [ ] rarely
- [ ] some of the time
- [ ] usually
- [ ] nearly all the time

**Q6** Thinking about how often you experience serious pain:
- [ ] very rarely
- [ ] less than once a week
- [ ] three to four times a week
- [ ] most of the time

**Q7** How much confidence do you have in yourself?
- [ ] Complete confidence
- [ ] A lot
- [ ] A moderate amount
- [ ] A little
- [ ] None at all

**Q8** When you think about whether you are calm and tranquil or agitated:
- [ ] always calm and tranquil
- [ ] usually calm and tranquil
- [ ] sometimes calm and tranquil, sometimes agitated
- [ ] usually agitated
- [ ] always agitated

**Q9** Thinking about your health and your relationship with your family:
- [ ] my role in the family is unaffected by my health
- [ ] there are some parts of my family role I cannot carry out
- [ ] there are many parts of my family role I cannot carry out
- [ ] I cannot carry out any part of my family role

**Q10** Your close relationships (family and friends) are:
- [ ] very satisfying
- [ ] satisfying
- [ ] neither satisfying nor dissatisfying
- [ ] dissatisfying
- [ ] unpleasant
- [ ] very unpleasant

**Q11** When you communicate with others, e.g. by talking, listening, writing or signing:
- [ ] I have no trouble speaking to them or understanding what they are saying
- [ ] I have some difficulty being understood by people who do not know me. I have no trouble understanding what others are saying to me
- [ ] I am understood only by people who know me well. I have great trouble understanding what others are saying to me.
- [ ] I cannot adequately communicate with others
Tick the box that best describes your situation as it has been over the past week

Q12 How often do you have trouble sleeping?
- never
- almost never
- sometimes
- often
- all the time

Q13 How often do you feel worthless?
- never
- almost never
- sometimes
- usually
- always

Q14 How often do you feel angry?
- never
- almost never
- sometimes
- often
- all the time

Q15 Thinking about your mobility, including using any aids or equipment such as wheelchairs, frames, sticks:
- I am very mobile
- I have no difficulty with mobility
- I have some difficulty with mobility (for example, going uphill)
- I have difficulty with mobility. I can go short distances only.
- I have a lot of difficulty with mobility. I need someone to help me.
- I am bedridden

Q16 Do you ever feel like hurting yourself?
- never
- rarely
- sometimes
- often
- all the time

Q17 How enthusiastic do you feel?
- immensely
- very
- somewhat
- not much
- not at all

Q18 And still thinking about the last seven days, how often did you feel worried?
- never
- occasionally
- sometimes
- often
- all the time

Q19 Thinking about washing yourself, toileting, dressing, eating or looking after your appearance:
- these tasks are very easy for me
- I have no real difficulty in carrying out these tasks
- I find some of these tasks difficult, but I manage to do them on my own
- many of these tasks are difficult, and I need help to do them
- I cannot do these tasks by myself at all

Q20 How often do you feel happy
- all the time
- mostly
- sometimes
- almost never
- never

Q21 How much do you feel you can cope with life’s problems?
- completely
- mostly
- partly
- very little
- not at all

Q22 How much pain or discomfort do you experience:
- none at all
- I have moderate pain
- I suffer from severe pain
- I suffer unbearable pain

Q23 How much do you enjoy your close relationships (family and friends)?
- immensely
- a lot
- a little
- not much
- I hate it
Tick the box that best describes your situation as it has been over the past week

Q24 How often does pain interfere with your usual activities?
- never
- rarely
- sometimes
- often
- always

Q25 How often do you feel pleasure?
- always
- usually
- sometimes
- almost never
- never

Q26 How much of a burden do you feel you are to other people?
- Not at all
- A little
- A moderate amount
- A lot
- totally

Q27 How content are you with your life?
- extremely
- mainly
- moderately
- slightly
- not at all

Q28 Thinking about your vision (using your glasses or contact lenses if needed):
- I have excellent sight
- I see normally
- I have some difficulty focusing on things, or I do not see them sharply. E.g. small print, a newspaper or seeing objects in the distance.
- I have a lot of difficulty seeing things. My vision is blurred. I can see just enough to get by with.
- I only see general shapes. I need a guide to move around.
- I am completely blind

Q29 How often do you feel in control of your life?
- always
- mostly
- sometimes
- only occasionally
- never

Q30 How much help do you need with jobs around the house (e.g. preparing food, cleaning the house or gardening):
- I can do all these tasks very quickly and efficiently without any help
- I can do these tasks relatively easily without help
- I can do these tasks only very slowly without help
- I cannot do most of these tasks unless I have help
- I can do none of these tasks by myself

Q31 How often do you feel socially isolated?
- never
- rarely
- sometimes
- often
- always

Q32 Thinking about your hearing (using your hearing aid if needed):
- I have excellent hearing
- I hear normally
- I have some difficulty hearing or I do not hear clearly. I have trouble hearing softly-spoken people or when there is background noise.
- I have difficulty hearing things clearly. Often I do not understand what is said. I usually do not take part in conversations because I cannot hear what is said.
- I hear very little indeed. I cannot fully understand loud voices speaking directly to me.
- I am completely deaf

Q33 How often do you feel depressed?
- never
- almost never
- sometimes
- often
- very often
- all the time

Q34 Your close and intimate relationships (including any sexual relationships) make you:
- very happy
- generally happy
- neither happy nor unhappy
- generally unhappy
- very unhappy

Q35 How often did you feel in despair over the last seven days?
- never
- occasionally
- sometimes
- often
- all the time