

# DEMQOL

**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. 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. that you are enjoying life? **                                | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 4. frustrated?   | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 5. confident? **   | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 6. 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 |
| 7. sad?  | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 8. lonely?   | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 9. distressed?   | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 10. lively? **   | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 11. irritable?   | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 12. fed-up?  | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 13. that there are things that you<br>wanted to do but couldn't? | <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. forgetting things that<br>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 who people are?                   | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 16. 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 |
| 17. your 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 |

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

# DEMQOL-Proxy

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.....

- |  |                                |                                      |                                   |                                     |
|--|--------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| 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<br>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.....

- |   |                                |                                      |                                   |                                     |
|---|--------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| 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<br>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 |
| 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.....

- |   |                                |                                      |                                   |                                     |
|---|--------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| 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?**

a lot

quite a bit

a little

not at all

30. **not playing a useful part in things?**

a lot

quite a bit

a little

not at all

31. **his/her physical health?**

a lot

quite a bit

a little

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.....**

32. his/her quality of life overall? \*\*

very good

good

fair

poor

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