QUALITY OF LIFE QUESTIONNAIRE (16D©)

Instructions:

This questionnaire is all about how you are right now. Please, read the questions carefully. Each question has five answers to choose from. Choose the answer that is closest to the way you are today and mark it with a cross (X).

Question 1

- I feel healthy and energetic
- I feel slightly weary, tired or weak
- ¹¹ I feel moderately weary, tired or weak
- I feel very weary, tired or weak
- I feel extremely weary, tired or weak

Question 2

- I can easily see words in books and TV text without glasses
- I can easily see words in books and TV text with glasses
- I cannot easily see words in books and TV text, even with glasses
- I cannot read books and TV text, even with glasses, but I can see well enough to walk without a guide
- I cannot see well enough to walk without a guide, i.e. I am almost or totally blind

Question 3

- I do not have any breathing problems
- I get breathless during heavy work or sports, or when walking fast on flat ground or slightly uphill (not the same as being out of breath after running)
- I get breathless when walking on flat ground
- I get breathless even with the lightest activity, e.g. washing or dressing myself
- I am breathless almost all the time, even when resting

Question 4

- I do not feel at all anxious, stressed or nervous
- I feel slightly anxious, stressed or nervous
- I feel moderately anxious, stressed or nervous
- I feel very anxious, stressed or nervous
- I feel extremely anxious, stressed or nervous

Question 5

- I hear normal speech well without a hearing aid
- I hear normal speech with slight difficulty, but I don't need a hearing aid
- I need a hearing aid, but I can hear well with it
- ^{...} I hear poorly even with a hearing aid
- ... I am totally deaf

Question 6

- I have no problems with sleeping
- I have slight problems with sleeping, e.g. it is sometimes difficult to fall asleep, or I sometimes wake up at night
- I have moderate problems with sleeping, e.g. restless sleep, or feeling I have not slept enough
- I have great problems with sleeping, e.g. I have to take sleeping pills often or every night, or I usually wake at night or too early in the morning
- I find sleeping almost impossible, even with full use of sleeping pills, or I stay awake most of the night

Question 7

- I am able to eat without any difficulty
- I am able to eat with slight difficulty (e.g. slowly, clumsily or with special appliances)
- I need some help from another person in eating
- I am not able to feed myself at all, so I must be fed by someone else
- I am unable to eat at all, so I must be fed by tube or directly into my blood

Question 8

- I have no physical troubles or symptoms, e.g. pain, ache, feeling sick or itchy
- I have slight physical troubles or symptoms, e.g. pain, ache, feeling sick or itchy
- I have moderate physical troubles or symptoms, e.g. pain, ache, feeling sick or itchy
- I have severe physical troubles or symptoms, e.g. pain, ache, feeling sick or itchy
- I have unbearable physical troubles or symptoms, e.g. pain, ache, feeling sick or itchy

Question 9

- I am able to speak clearly, audibly and fluently
- I have slight difficulties with speaking, e.g. I sometimes stumble over words, or mumble, or my voice breaks
- I can make myself understood, but my speech is e.g. disjointed, faltering, stuttering or stammering.
- Most people have great difficulty understanding my speech
- I can only make myself understood by gestures

Question 10

- My weight, height and what I look like do not bother me
- My weight, height or what I look like bother me slightly
- My weight, height or what I look like bother me moderately
- My weight, height or what I look like bother me seriously
- My weight, height or what I look like bother me extremely

Question 11

- My state of health does not interfere with going to school or having hobbies
- My state of health makes it slightly difficult to go to school or have hobbies
- My state of health makes it moderately difficult to go to school or have hobbies
- My state of health makes it almost impossible to go to school or have hobbies
- My state of health makes it impossible to go to school or have hobbies

Question 12

- I can walk easily without an appliance (e.g. crutches or wheelchair)
- I have difficulty in walking, but I am able to walk without an appliance, e.g. crutches or wheelchair
- ^{..} I cannot walk without an appliance, e.g. crutches or wheelchair, but with it I can move around well
- Moving around is very difficult, even with an appliance
- I cannot move around at all and I am bedridden

Question 13

- My state of health does not interfere with making friends or being with them
- My state of health makes it slightly difficult to make friends or be with them
- My state of health makes it moderately difficult to make friends or be with them
- My state of health makes it almost impossible to make friends or be with them
- My state of health makes it impossible to make friends or be with them

Question 14

- I am able to think clearly and logically
- I have slight problems in thinking clearly and logically
- I have moderate problems in thinking clearly and logically
- I have serious problems in thinking clearly and logically
- I am totally confused and unsure of the time and where I am

Question 15

- My bladder and bowels work normally
- I have a slight problem with my bladder or bowels, e.g. difficulties with urination, or hard or loose stools
- ¹¹ I have moderate problems with my bladder or bowels, e.g. occasional 'accidents', or bad constipation or diarrhoea
- I have serious problems with my bladder or bowels, e.g. frequent 'accidents', or need for enemas or catheters
- I have no control at all over my bladder or bowel functions

Question 16

- I do not feel at all sad, melancholic or depressed
- I feel slightly sad, melancholic or depressed
- I feel moderately sad, melancholic or depressed
- I feel very sad, melancholic or depressed
- I feel extremely sad, melancholic or depressed

16D©/Marjo Apajasalo and Harri Sintonen