

Patient Weighted Quality Of Life In Epilepsy: QOLIE-10-P

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Today's Date _____ / _____ / _____ <div style="text-align: center; margin-top: 5px;"> mm dd yy </div>	Your Name _____ Your Age: ___ ___ years
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INSTRUCTIONS

The QOLIE-10-P is a brief survey of health-related quality of life for adults with epilepsy. There are 10 questions about health and daily activities, one question about how much distress you feel about problems and worries related to epilepsy, and a review of what bothers you most. 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.

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-10-P with your doctor. Completing the QOLIE-10-P before and after treatment changes may help you and your doctor understand how the changes have affected your life.

These questions are about how you have been FEELING and the types of problems you have been having during the past 4 weeks. For each question, please give 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
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1. Did you have a lot of energy ?	1	2	3	4	5	6
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2. Have you felt downhearted and low ?	1	2	3	4	5	6
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3. How much of the time during the past 4 weeks your epilepsy or antiepileptic drugs have caused trouble with driving (or other transportation)	A great deal	A lot	Somewhat	Only a little	Not at all
	1	2	3	4	5

During the past 4 weeks...	Not at all bothersome	Extremely bothersome
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4. How much do your work limitations bother you?	1	2	3	4	5
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5. How much do your social limitations bother you?	1	2	3	4	5
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During the past 4 weeks...

	Not at all bothersome				Extremely bothersome
6. How much do your memory difficulties bother you?	1	2	3	4	5
7. How much do physical effects of antiepileptic drugs bother you?	1	2	3	4	5
8. How much do psychological effects of antiepileptic drugs bother you?	1	2	3	4	5
		Very afraid	Somewhat afraid	Not very afraid	Not afraid at all
9. How afraid are you of having a seizure during the next 4 weeks?		1	2	3	4

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

(Circle one number on the ladder)

**Very good:
could hardly have been
better** **1**

Pretty good **2**

Good & bad about equal **3**

Pretty bad **4**

**Very bad:
could hardly have been
worse** **5**

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Reviewing all the questions you have answered above, consider the overall impact of these problems on your quality of life **in the past 4 weeks**. (Circle one number)

	Not at all	Somewhat	Moderately	A lot	Very much
11. How much does the state of your epilepsy-related quality of life distress you overall?	1	2	3	4	5

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

12. Number the following topics from '1' to '7' with '1' corresponding to the 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 & other activities)
- D. Mental function (thinking, concentrating, memory)
- E. Medication effects (physical, mental)
- F. Worry about seizures (impact of seizures)
- G. Overall quality of life

This copy of the QOLIE-10-P is provided by the QOLIE Development Group. We wish you success in living your life with epilepsy!