

QUALITY OF LIFE IN EPILEPSY - QOLIE-31 (Version 1.0)

Copyright 1993, RAND. All rights reserved. The QOLIE-31 was developed in cooperation with Professional Postgraduate Services, a division of Physicians World Communications the Epilepsy Therapy Project.

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

Patient's Sex : Male or Female

Age: ____ ____ years

INSTRUCTIONS

This survey consists of questions about your health and daily activities. Answer every question by circling or highlighting the appropriate number (1, 2, 3...). There are some open-ended questions towards the end of the survey. Please answer all questions to the best of your ability.

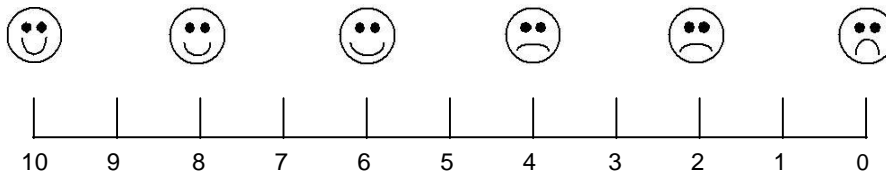
If you are unsure about how to answer a question, please give the best answer you can and write a comment or explanation on the side of the page.

If you have difficulty filling out the form yourself, please have someone assist you.

This copy of the QOLIE-31 is provided by the Epilepsy Therapy Project, who brings you www.epilepsy.com, your trusted source for epilepsy information. We wish you success in living your life with epilepsy.

1. Overall, how would you rate your quality of life?

(Circle one number on the scale below)



Best Possible
Quality of Life

Worst Possible
Quality of Life
(as bad as or
worse than
being dead)

These questions are about how you **FEEL** and how things have been for you 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
2. Did you feel full of pep?	1	2	3	4	5	6
3. Have you been a very nervous person?	1	2	3	4	5	6
4. Have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
5. Have you felt calm and peaceful?	1	2	3	4	5	6
6. Did you have a lot of energy?	1	2	3	4	5	6
7. Have you felt downhearted and blue?	1	2	3	4	5	6
8. Did you feel worn out?	1	2	3	4	5	6
9. Have you been a happy person?	1	2	3	4	5	6
10. Did you feel tired?	1	2	3	4	5	6
11. Have you worried about having another seizure?	1	2	3	4	5	6
12. Did you have difficulty reasoning and solving problems (such as making plans, making decisions, learning new things)?	1	2	3	4	5	6
13. Has your health limited your social activities (such as visiting with friends or close relatives)?	1	2	3	4	5	6

14. 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

The following question is about **MEMORY**.

(Circle one number)

	Yes, a great deal	Yes, somewhat	Only a little	No, not at all
15. In the past 4 weeks, have you had any trouble with your memory?	1	2	3	4

Circle one number for **how often** in the **past 4 weeks** you have had trouble *remembering* or **how often** this memory problem has interfered with your normal work or living.

	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
16. Trouble remembering things people tell you	1	2	3	4	5	6

The following questions are about **CONCENTRATION** problems you may have. Circle one number for **how often** in the **past 4 weeks** you had trouble concentrating or **how often** these problems interfered with your normal work or living.

	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
17. Trouble concentrating on reading	1	2	3	4	5	6
18. Trouble concentrating on doing one thing at a time	1	2	3	4	5	6

The following questions are about problems you may have with certain **ACTIVITIES**. Circle one number for **how much** during the **past 4 weeks** your epilepsy or antiepileptic medication has caused trouble with...

	A great deal	A lot	Somewh at	Only a little	Not at all
19. Leisure time (such as hobbies, going out)	1	2	3	4	5
20. Driving	1	2	3	4	5

The following questions relate to the way you **FEEL** about your **seizures**.

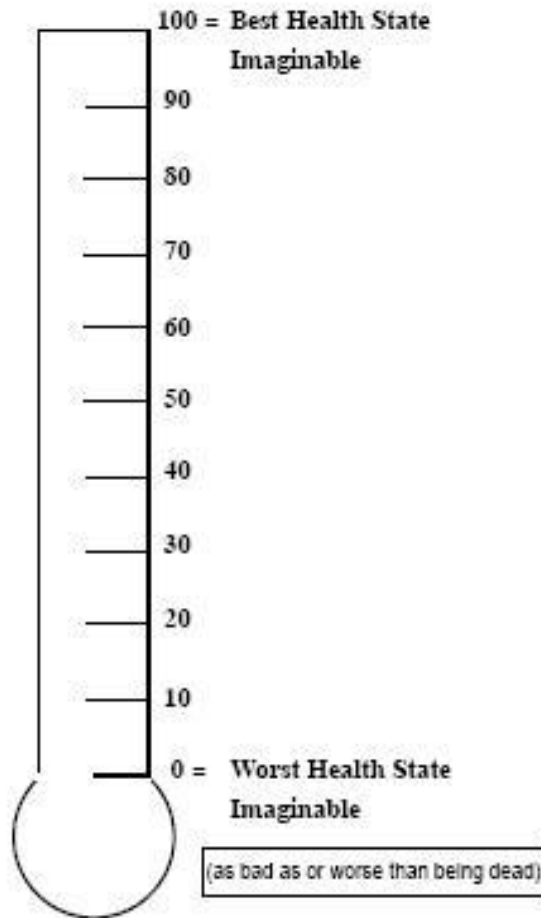
(Circle one number on each line)

	Very fearful	Somewhat fearful	Not very fearful	Not fearful at all
21. 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	
22. Do you worry about hurting yourself during a seizure?	1	2	3	
	Very worried	Somewhat worried	Not very worried	Not at all worried
23. How worried are you about embarrassment or other social problems resulting from having a seizure during the next month?	1	2	3	4
24. How worried are you that medications you are taking will be bad for you if taken for a long time?	1	2	3	4

For each of these **PROBLEMS**, circle one number for **how much they bother you** on a scale of 1 to 5 where 1 = Not at all bothersome, and 5 = Extremely bothersome.

	Not at all bothersome			Extremely bothersome	
25. Seizures	1	2	3	4	5
26. Memory difficulties	1	2	3	4	5
27. Work limitations	1	2	3	4	5
28. Social limitations	1	2	3	4	5
29. Physical effects of antiepileptic medication	1	2	3	4	5
30. Mental effects of antiepileptic medication	1	2	3	4	5

31. How good or bad do you think your health is? On the thermometer scale below, the best imaginable state of health is 100 and the worst imaginable state is 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.**



Open-ended questions about Treatment:

32. How many anti-epileptic medication(s) do you currently take?

33. Generally speaking, how frequent are your seizures?

34. What treatments have you tried that have failed? Which treatments seem to work in controlling your seizures?
