

# Patient Weighted Quality Of Life In Epilepsy: QOLIE-10-P (Version 2.0, US English)

<b>Patient's Name:</b>	<b>Today's Date:</b>  <div style="text-align: center;"> <table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table> </div>				D	M	Y
D	M	Y					

***If you experienced a simple or complex partial seizure within the previous four hours, or a generalized tonic-clonic seizure within the previous 24 hours, please delay completing this questionnaire***

**INSTRUCTIONS:**  
 This questionnaire asks about your health and daily activities. **Answer each 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 in the margin. Please feel free to ask someone to help you if you have difficulty reading or completing the form.

**Part A.**  
*These questions are about how you have been FEELING 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
1. Did you have a lot of energy?	1	2	3	4	5	6
2. Have you felt downhearted and low?	1	2	3	4	5	6

The following questions ask about problems you may have with certain ACTIVITIES.

**How much of the time during the past 4 weeks your epilepsy or antiepileptic drugs have caused trouble with...**

*(Circle one number)*

	A great deal	A lot	Somewhat	Only a little	Not at all
3. Driving (or other transportation)	1	2	3	4	5

**During the past 4 weeks...**

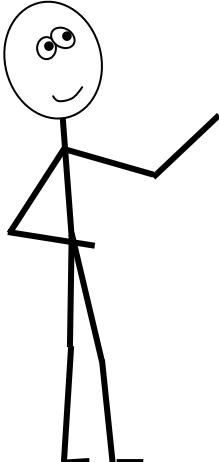
	Not at all bothersome				Extremely bothersome
4. How much do your work limitations bother you?	1	2	3	4	5
5. How much do your social limitations bother you?	1	2	3	4	5
6. How much do your memory difficulties bother you?	1	2	3	4	5
7. How much do physical effects of antiepileptic drugs bother you?	1	2	3	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 only)

	<b>Very good: could hardly have been better</b>	<b>1</b>
	<b>Pretty good</b>	<b>2</b>
	<b>Good &amp; bad about equal</b>	<b>3</b>
	<b>Pretty bad</b>	<b>4</b>
	<b>Very bad: could hardly have been worse</b>	<b>5</b>



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**Part B.**

Reviewing all the questions you have answered in Part A, 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 <u>epilepsy-related quality of life</u> <b>distress</b> you overall?	1	2	3	4	5

**Part C.**

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)
- D. Mental activity (thinking, concentrating, memory)
- E. Medication effects (physical, mental)
- F. Worry about fits (impact of fits)
- G. Overall quality of life

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE  
ABOUT LIVING WITH EPILEPSY.**