

**QUALITY OF LIFE IN EPILEPSY QOLIE 31
(Version 1.0 UK)**

Patient UTIN: ___/____

PATIENT'S QUESTIONNAIRE	QOLIE 31 Version 1.0 UK	Participant UTIN	Visit date
	Part 1	___/____	DD / MMM / YYYY

QUALITY OF LIFE IN EPILEPSY QOLIE – 31 VERSION 1.0

INSTRUCTIONS

The QOLIE-31 is a survey of health related quality of life for adults (18 years or older) with epilepsy. This questionnaire should be completed only by the person who has epilepsy (not a relative or a friend) because no one else knows how YOU feel.

There are 31 questions about your health and daily activities. 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 maybe useful if you discuss the QOLIE-31 with your doctor. Completing the QOLIE-31 before and after treatment changes may help you and your doctor understand how the changes have affected your life.

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

(Please circle only one number on the scale below)

10 9 8 7 6 5 4 3 2 1 0

Best Possible
Quality of life



Worst Possible
Quality of life

(as bad as or worse
than being dead)

PATIENT'S QUESTIONNAIRE	QOLIE 31 Version 1.0 UK Part 2	Participant UTIN	Visit date
		___/___	DD / MMM / YYYY

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 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 bit of the time	None of the time
2. Did you feel full of life?	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 low?	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 fit?	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 friends or close relatives)?	1	2	3	4	5	6

PATIENT'S QUESTIONNAIRE	QOLIE 31 Version 1.0 UK	Participant UTIN	Visit date
	Part 3	___/___	DD / MMM / YYYY

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

(Circle one number)

Very good could hardly have been better	Pretty good	Good & bad parts about equal	Pretty bad	Very bad: could hardly have been worse
1	2	3	4	5

The following question is about **MEMORY**.

(Circle one number)

	Yes, a lot	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

The following question is about **how often** during the **past 4 weeks** you have had trouble remembering or **how often** this memory problem has interfered with your normal work or living

(Circle one number only for question 16)

	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 told you	1	2	3	4	5	6

PATIENT'S QUESTIONNAIRE	QOLIE - 31 Version 1.0 UK Part 4	Participant UTIN	Visit date
		___/___	DD / MMM / YYYY

The following questions are about **CONCENTRATION** problems you may have. During the **past 4 weeks, how often** have you had trouble concentrating or **how often** have these problems interfered with your normal work or living? *(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
17. Trouble concentrating on reading	1	2	3	4	5	6
18. Trouble concentrating on 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 you trouble with..... *(Circle one number on each line)*

	A great deal	A lot	Somewhat	Only a little	No, not at all
19. Leisure time (such as hobbies and going out)	1	2	3	4	5
20. Driving	1	2	3	4	5

The following questions relate to how you **FEEL** about your **fits**. *(Circle one number on each line)*

	Very fearful	Somewhat fearful	Not very fearful	Not fearful at all
21. How afraid are you of having a fit during the next 4 weeks?	1	2	3	4

	Worry a lot	Occasionally worry	Don't worry at all
22. Do you worry about hurting yourself during a fit?	1	2	3

PATIENT'S QUESTIONNAIRE	QOLIE - 31 Version 1.0 UK Part 5	Participant UTIN	Visit date
		___/___/___	DD / MMM / YYYY

The following questions relate to how you **FEEL** about your **fits**. (Circle one number on each line)

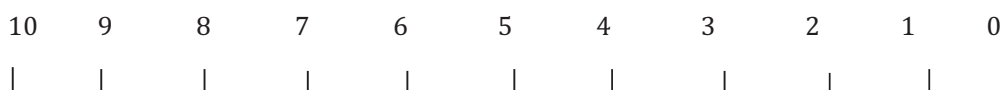
	Very worried	Somewhat worried	Not very worried	Not at all worried
23. How worried are you about embarrassment or other social problems due to a fit during the next 4 weeks?	1	2	3	4
24. How worried are you that the drugs you are taking may be bad for you if you have to take them for a long time?	1	2	3	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.

	1	2	3	4	5
25. Fits	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 drugs	1	2	3	4	5
30. Mental effects of antiepileptic drugs	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 10 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.**

(Please circle only one number on the scale below)



Best Imaginable Health State

Worst Imaginable Health State