Your Quality of Life

We are interested in finding out about your quality of life

OVER THE PAST SEVEN DAYS.

Please answer all the following questions and respond to all the statements by ticking one box for each statement.

Your responses will remain confidential.
We are interested in finding out about the quality of your life OVER THE PAST SEVEN DAYS. Please respond to all the following statements by ticking one box for each statement.

1. I lack the energy to do things. 
   Never  Rarely  Sometimes  Often  Always

2. I am bothered by my shaking/trembling. 
   Never  Rarely  Sometimes  Often  Always

3. I feel unsteady walking. 
   Never  Rarely  Sometimes  Often  Always

4. I feel angry. 
   Never  Rarely  Sometimes  Often  Always

5. I am troubled by a dry mouth. 
   Never  Rarely  Sometimes  Often  Always

6. I can’t be bothered to do things. 
   Never  Rarely  Sometimes  Often  Always

7. I worry about my future. 
   Never  Rarely  Sometimes  Often  Always

8. I feel lonely. 
   Never  Rarely  Sometimes  Often  Always

9. I feel hopeless. 
   Never  Rarely  Sometimes  Often  Always

10. My muscles get stiff. 
    Never  Rarely  Sometimes  Often  Always

GO ON TO THE NEXT PAGE
OVER THE PAST SEVEN DAYS:

11. I feel very jumpy and edgy. Never Rarely Sometimes Often Always

12. I am able to carry out my day to day activities. Never Rarely Sometimes Often Always

13. I take part in enjoyable activities. Never Rarely Sometimes Often Always

14. I take things people say the wrong way. Never Rarely Sometimes Often Always

15. I like to plan ahead. Never Rarely Sometimes Often Always

16. I find it hard to concentrate. Never Rarely Sometimes Often Always

17. I tend to stay at home. Never Rarely Sometimes Often Always

18. I find it difficult to mix with people. Never Rarely Sometimes Often Always

19. I feel down and depressed. Never Rarely Sometimes Often Always

20. I feel that I can cope. Never Rarely Sometimes Often Always

GO ON TO THE NEXT PAGE
OVER THE PAST SEVEN DAYS:

21. My vision is blurred. Never Rarely Sometimes Often Always

22. I feel very mixed up and unsure of myself. Never Rarely Sometimes Often Always

23. My sleep is disturbed. Never Rarely Sometimes Often Always

24. My feelings go up and down. Never Rarely Sometimes Often Always

25. I get muscle twitches. Never Rarely Sometimes Often Always

26. I am concerned that I won't get better. Never Rarely Sometimes Often Always

27. I worry about things. Never Rarely Sometimes Often Always

28. I feel that people tend to avoid me. Never Rarely Sometimes Often Always

29. I get upset thinking about the past. Never Rarely Sometimes Often Always

30. I get dizzy spells. Never Rarely Sometimes Often Always

Thank you for your time