

Alzheimer Disease Related Quality of Life™ (ADRQL™)

Interviewer: Read the following instructions aloud to the respondent.

Quality of life means how someone feels about different areas of his or her life. To find out about quality of life, people are usually asked to answer questions about themselves. Because of the effects of dementia, it is hard to ask people with this illness questions about their own lives. Instead, this questionnaire has been developed so that it can be answered by someone who spends time with and cares for a person with dementia.

There are several areas that make up a person's quality of life. I will briefly describe each area and then I will read statements about these. As I read each statement, please think about Mr/Mrs/Ms _____ and whether the statement describes him/her over the last 2 weeks. If you agree that the statement describes Mr/Mrs/Ms _____ over the last 2 weeks, please answer "Agree." If you disagree, because the statement does not describe Mr/Mrs/Ms _____ over the last 2 weeks, please answer "Disagree."

Let me give you an example. I might read the statement, "He/She does not respond to his/her own name." If this statement describes Mr/Mrs/Ms _____ over the last 2 weeks, you should say "Agree." If the statement, "He/She does not respond to his/her own name," does not describe him/her in the last 2 weeks, you should answer "Disagree." Do you have any questions?

Interviewer: Pause, respond to any questions and finish reading these instructions aloud.

I am going to begin the questionnaire now. Please tell me if you want me to speak louder, slow down, repeat a statement or stop so you can think about a statement. Also let me know if you want me to review the instructions.

Interviewer: Read aloud the introductory statements and each item exactly as they are written in sections A-E below. Place an X in one box to the right of each item in the correct response column.

1.	These statements are about <u>relating to and being around other people</u> . After each statement, please answer "Agree" if the statement describes Mr/Mrs/Ms _____ in the last 2 weeks or answer "Disagree" if it does not.		<u>AGREE</u>	<u>DISAGREE</u>
A1.	He/She smiles or laughs when around other people.....	A1.	<input type="checkbox"/>	<input type="checkbox"/>
A2.	He/She does <u>not</u> pay attention to the presence of others.....	A2.	<input type="checkbox"/>	<input type="checkbox"/>
A3.	He/She will stay around other people.....	A3.	<input type="checkbox"/>	<input type="checkbox"/>
A4.	He/She seeks contact with others by greeting people or joining in conversations.....	A4.	<input type="checkbox"/>	<input type="checkbox"/>
A5.	He/She talks with people.....	A5.	<input type="checkbox"/>	<input type="checkbox"/>
A6.	He/She touches or allows touching such as handshakes, hugs, kisses, pats.....	A6.	<input type="checkbox"/>	<input type="checkbox"/>
A7.	He/She can be comforted or reassured by others.....	A7.	<input type="checkbox"/>	<input type="checkbox"/>
A8.	He/She reacts with pleasure to pets or small children.....	A8.	<input type="checkbox"/>	<input type="checkbox"/>
A9.	He/She smiles or laughs or is cheerful.....	A9.	<input type="checkbox"/>	<input type="checkbox"/>
A10.	He/She shows delight.....	A10.	<input type="checkbox"/>	<input type="checkbox"/>
A11.	He/She shows a sense of humor.....	A11.	<input type="checkbox"/>	<input type="checkbox"/>
A12.	He/She sits quietly and appears to enjoy the activity of others even though he/she is not actively participating.....	A12.	<input type="checkbox"/>	<input type="checkbox"/>

2.	These statements are about <u>a person's special identity and important relationships</u> . After each statement, please answer "Agree" if the statement describes Mr/Mrs/Ms _____ in the last 2 weeks or answer "Disagree" if it does not.		<u>AGREE</u>	<u>DISAGREE</u>
B1.	He/She talks about or still does things related to his/her previous work or daily activities.....	B1.	<input type="checkbox"/>	<input type="checkbox"/>
B2.	He/She is aware of his/her place in the family such as being a husband/wife, parent, or grandparent.....	B2.	<input type="checkbox"/>	<input type="checkbox"/>
B3.	He/She makes or indicates choices in routine daily activities such as what to wear, what to eat, or where to sit.....	B3.	<input type="checkbox"/>	<input type="checkbox"/>
B4.	He/She shows interest in events, places or habits from his/her past such as old friends, former residences, church or prayer.....	B4.	<input type="checkbox"/>	<input type="checkbox"/>
B5.	He/She does <u>not</u> respond to his/her own name.....	B5.	<input type="checkbox"/>	<input type="checkbox"/>
B6.	He/She does <u>not</u> express beliefs or attitudes that he/she always had.....	B6.	<input type="checkbox"/>	<input type="checkbox"/>
B7.	He/She talks with people on the telephone.....	B7.	<input type="checkbox"/>	<input type="checkbox"/>
B8.	He/She gets enjoyment from or is calmed by his/her possessions or belongings.....	B8.	<input type="checkbox"/>	<input type="checkbox"/>

(Continued)

3. These statements are about different types of behavior in the last 2 weeks. After each statement, please answer "Agree" if the statement describes Mr/Mrs/Ms _____ in the last 2 weeks or answer "Disagree" if it does not.

		<u>AGREE</u>	<u>DISAGREE</u>
C1.	He/She squeezes, twists or wrings his/her hands.....	C1. <input type="checkbox"/>	<input type="checkbox"/>
C2.	He/She throws, hits, kicks or bangs objects.....	C2. <input type="checkbox"/>	<input type="checkbox"/>
C3.	He/She calls out or yells or curses or makes accusations.....	C3. <input type="checkbox"/>	<input type="checkbox"/>
C4.	He/She locks or barricades himself/herself in his/her room/house/apartment.....	C4. <input type="checkbox"/>	<input type="checkbox"/>
C5.	He/She is irritable or easily angered.....	C5. <input type="checkbox"/>	<input type="checkbox"/>
C6.	He/She cries, wails, or frowns.....	C6. <input type="checkbox"/>	<input type="checkbox"/>
C7.	He/She is restless and wound up, or repeats actions such as rocking, pacing, or banging against walls.....	C7. <input type="checkbox"/>	<input type="checkbox"/>
C8.	He/She resists help in different ways such as with dressing, eating or bathing, or by refusing to move.....	C8. <input type="checkbox"/>	<input type="checkbox"/>
C9.	He/She appears to be content or satisfied.....	C9. <input type="checkbox"/>	<input type="checkbox"/>
C10.	He/She becomes upset or angry when approached by another person.....	C10. <input type="checkbox"/>	<input type="checkbox"/>
C11.	He/She pushes, grabs or hits people.....	C11. <input type="checkbox"/>	<input type="checkbox"/>
C12.	He/She is upset or unsettled in his/her living environment.....	C12. <input type="checkbox"/>	<input type="checkbox"/>

4. These statements are about usual activities in the last 2 weeks. After each statement, please answer "Agree" if the statement describes Mr/Mrs/Ms _____ in the last 2 weeks or answer "Disagree" if it does not.

		<u>AGREE</u>	<u>DISAGREE</u>
D1.	He/She enjoys doing activities alone such as listening to music or watching TV.....	D1. <input type="checkbox"/>	<input type="checkbox"/>
D2.	He/She does <u>not</u> take part in activities he/she used to enjoy, even when encouraged to take part.....	D2. <input type="checkbox"/>	<input type="checkbox"/>
D3.	He/She shows <u>no</u> signs of pleasure or enjoyment when taking part in leisure activities or recreation.....	D3. <input type="checkbox"/>	<input type="checkbox"/>
D4.	He/She dozes off or does nothing most of the time.....	D4. <input type="checkbox"/>	<input type="checkbox"/>

5. The last statements are about behavior in a person's living environment. After each statement, please answer "Agree" if the statement describes Mr/Mrs/Ms _____ in the last 2 weeks or answer "Disagree" if it does not.

		<u>AGREE</u>	<u>DISAGREE</u>
E1.	He/She talks about feeling <u>unsafe</u> or says his/her belongings are <u>not</u> safe.....	E1. <input type="checkbox"/>	<input type="checkbox"/>
E2.	He/She is upset or unsettled when in places other than where he/she lives.....	E2. <input type="checkbox"/>	<input type="checkbox"/>
E3.	He/She talks about wanting to leave or go home.....	E3. <input type="checkbox"/>	<input type="checkbox"/>
E4.	He/She says he/she wants to die.....	E4. <input type="checkbox"/>	<input type="checkbox"/>

That concludes the questionnaire. Thank you very much for your help.

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 DEMeasure; 402 Carolina Road; Towson, MD 21204