

AQoL-6D Simplified with items in dimension order

INDEPENDENT LIVING

- Q1 How much help do you need with jobs around your place of residence (eg preparing food, cleaning, gardening)?
- Q2 How easy or difficult is it for you to get around by yourself outside your place of residence (eg. to go shopping, visiting)?
- Q3 How easy or difficult is it for you to move around (using any aids or equipment you need eg a wheelchair, frame or stick)?
- Q4 How difficult is it for you to wash, toilet, dress yourself, eat or care for your appearance?

RELATIONSHIPS

- Q5 How happy are you with your close and intimate relationships?
- Q6 Does your health affect your relationship with your family?
- Q7 Does your health affect your role in your community (eg. residential, sporting, church or cultural activities)?

MENTAL HEALTH

- Q8 How often did you feel in despair in the last seven days?
- Q9 How often did you feel worried in the last seven days?
- Q10 How often do you feel sad?
- Q11 Do you normally feel calm and tranquil or agitated?

COPING

- Q12 How much energy you have to do the things you want to do?
- Q13 How often do you feel in control of your life?
- Q14 How much do you feel you can cope with life's problems?

PAIN

- Q15 How often you experience serious pain?
I experience it
- Q16 How much pain or discomfort do you experience?
- Q17 How often does pain interfere with your usual activities?

SENSES

- Q18 How well can you see (using your glasses or contact lenses if they are needed)?
- Q19 How well can you hear (using your hearing aid if needed)?
- Q20 How well do you communicate with others (eg. talking, signing, texting, being understood by others and understanding them)?