

QOLIE-10-P

Record ID _____

How much of the time during the past 4 weeks...

	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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you felt downhearted and low?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. How much of the time during the past 4 weeks your epilepsy or antiepileptic drugs have caused trouble with driving (or other transportation)

- ☐ A great deal
☐ A lot
☐ Somewhat
☐ Only a little
☐ Not at all

During the past 4 weeks...

	Not at all bothersome	2	3	4	Extremely bothersome
4. How much do your work limitations bother you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How much do your social limitations bother you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How much do your memory difficulties bother you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How much do physical effects of antiepileptic drugs bother you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How much do psychological effects of antiepileptic drugs bother you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

- ☐ Very good: could hardly have been better
☐ Pretty good
☐ Good & bad about equal
☐ Pretty bad
☐ Very bad could hardly have been worse

11. How much does the state of your epilepsy-related quality of life distress you overall?

- ☐ Not at all
☐ Somewhat
☐ Moderately
☐ A lot
☐ Very much