Englischsprachige Originalversion des MQOL

Zusatzinformation zum Artikel „McGill Quality of Life Questionnaire (MQOL)” von Adrian Pfeffer (physiopraxis 11-12/10)

Quelle: © 1995 Robin Cohen
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THEMcGILL QUALITY OF LIFE QUESTIONNAIRE

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I agree to the above conditions.

________________________________________  __________________________
Signature of Applicant                        Date

Your Printed Name:  ______________________________________________________

Your Address:
_____________________________________________________________________
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Please return this form to: Dr. Robin Cohen
Research Director, Palliative Care
Jewish General Hospital, Pavilion H
3755 Côte Ste Catherine
Montreal, QC, Canada H3T 1E2

Fax: 514-340-8709
**McGILL QUALITY OF LIFE QUESTIONNAIRE**

STUDY IDENTIFICATION #:_______       DATE: ______

*Instructions*

The questions in this questionnaire begin with a statement followed by two opposite answers. Numbers extend from one extreme answer to its opposite. Please circle the number between 0 and 10 which is most true for you. There are no right or wrong answers. Completely honest answers will be most helpful.

**EXAMPLE:**

I am hungry:

not at all 0 1 2 3 4 5 6 7 8 9 10 extremely

- If you are not even a little bit hungry, you would circle 0.
- If you are a little hungry (you just finished a meal but still have room for dessert), you might circle a 1, 2, or 3.
- If you are feeling moderately hungry (because mealtime is approaching), you might circle a 4, 5, or 6.
- If you are very hungry (because you haven't eaten all day), you might circle a 7, 8, or 9.
- If you are extremely hungry, you would circle 10.

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**BEGIN HERE:**

IT IS VERY IMPORTANT THAT YOU ANSWER ALL QUESTIONS FOR HOW YOU HAVE BEEN FEELING *JUST IN THE PAST TWO (2) DAYS*.

**PART A**

Considering all parts of my life - physical, emotional, social, spiritual, and financial - over the past two (2) days the quality of my life has been:

very bad 0 1 2 3 4 5 6 7 8 9 10 excellent

*Please continue on the next page...*
PART B: Physical Symptoms or Physical Problems

(1) For the questions in Part "B", please list the PHYSICAL SYMPTOMS OR PROBLEMS which have been the biggest problem for you over the past two (2) days. (Some examples are: pain, tiredness, weakness, nausea, vomiting, constipation, diarrhea, trouble sleeping, shortness of breath, lack of appetite, sweating, immobility. Feel free to refer to others if necessary).

(2) Circle the number which best shows how big a problem each one has been for you OVER THE PAST TWO (2) DAYS.

(3) If, over the past two (2) days, you had NO physical symptoms or problems, or only one or two, answer for each of the ones you have had and write "none" for the extra questions in Part B, then continue with Part C.

1. Over the past two (2) days, one troublesome symptom has been:________________________________________. (write symptom)

no problem 0 1 2 3 4 5 6 7 8 9 10 tremendous problem

2. Over the past two (2) days, another troublesome symptom has been:________________________________________. (write symptom)

no problem 0 1 2 3 4 5 6 7 8 9 10 tremendous problem

3. Over the past two (2) days, a third troublesome symptom has been:________________________________________. (write symptom)

no problem 0 1 2 3 4 5 6 7 8 9 10 tremendous problem

Please continue on the next page...
4. Over the past two (2) days I have felt:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
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<tbody>
<tr>
<td>physically</td>
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<td>physically terrible</td>
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<td>physically well</td>
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5. Over the past two (2) days, I have been depressed:

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<tr>
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<th>5</th>
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<th>7</th>
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<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td>not at all</td>
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<td>extremely</td>
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</table>

6. Over the past two (2) days, I have been nervous or worried:

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<th>3</th>
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<th>10</th>
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<tbody>
<tr>
<td>not at all</td>
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<td>extremely</td>
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7. Over the past two (2) days, how much of the time did you feel sad?

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<td>never</td>
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<td></td>
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<td>always</td>
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8. Over the past two (2) days, when I thought of the future, I was:

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<th>7</th>
<th>8</th>
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<th>10</th>
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<tr>
<td>not afraid</td>
<td></td>
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<td></td>
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<td></td>
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<td>terrified</td>
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9. Over the past two (2) days, my life has been:

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<th>0</th>
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<td>meaningful</td>
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10. Over the past two (2) days, when I thought about my whole life, I felt that in achieving life goals I have:

<table>
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<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
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<td>made no</td>
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<td>complete</td>
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<td>whatsoever</td>
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<td>fulfillment</td>
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Please continue on the next page...
11. Over the past two (2) days, when I thought about my life, I felt that my life to this point has been:

| completely worthless | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 very worthwhile |

12. Over the past two (2) days, I have felt that I have:

| no control over my life | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 complete control over my life |

13. Over the past two (2) days, I felt good about myself as a person.

| completely disagree | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 completely agree |

14. To me, the past two (2) days were:

| a burden | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 a gift |

15. Over the past two (2) days, the world has been:

| an impersonal unfeeling place | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 caring and responsive to my needs |

16. Over the past two (2) days, I have felt supported:

| not at all | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 completely |

Please continue on the next page...
PART D

Please list or describe the things which had the greatest effect on your quality of life in the past two (2) days. Please tell us whether each thing you list made your quality of life better or worse during this time. If you need more space, please continue on the back of this page.

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Thank you very much for your help.