(496) Quality of Life of patients in the community in Alzheimers disease

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|  | Please select situation of patients in the community | Poor | Fair | Good | Excellent |
| 1. | How do you feel about your physical health? | 1 | 2 | 3 | 4 |
| 2. | How do you feel about your energy level? | 1 | 2 | 3 | 4 |
| 3. | How has your mood been lately? | 1 | 2 | 3 | 4 |
| 4. | How about your living situation? | 1 | 2 | 3 | 4 |
| 5. | How about your memory? | 1 | 2 | 3 | 4 |
| 6. | How about your family and your relationship with family members?( If the respondent says they have no family, ask about brothers, sisters,children, nieces, nephews.) | 1 | 2 | 3 | 4 |
| 7. | How do you feel about your marriage? (Some participants will be single, widowed, or divorced. Whenthis is the case, ask how they feel about the person with whom they have the closest relationship) | 1 | 2 | 3 | 4 |
| 8. | How would you describe your current relationship with your friends? Would you say it’s poor,fair, good, or excellent? | 1 | 2 | 3 | 4 |
| 9. | How do you feel about yourself? | 1 | 2 | 3 | 4 |
| 10.. | How do you feel about your ability to do things like chores around the house or other thingsyou need to do? | 1 | 2 | 3 | 4 |
| 11.. | How about your ability to do things for fun, that you enjoy? | 1 | 2 | 3 | 4 |
| 12. | How do you feel about your current situation with money, your financial situation? | 1 | 2 | 3 | 4 |
| 13. | How would you describe your life as a whole? | 1 | 2 | 3 | 4 |