

Quality of Life in Childhood Epilepsy Questionnaire: QOLCE-55 Version 1.0 (English)

Goodwin SW, Lambrinos AI, Ferro MA, Sabaz M, Speechley KN. Development and assessment of a shortened Quality of Life in Childhood Epilepsy Questionnaire (QOLCE-55). *Epilepsia* 2015;56(6):864-72.

USER INFORMATION

Citation:

Individuals using the QOLCE-55 should cite the following reference in their work:

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QOLCE-55 Item Allocation:

1. Cognitive functioning (22 items): section 1.1 a-v.
2. Emotional functioning (17 items): section 2.1 a-k and section 2.2 a-f.
3. Social functioning (7 items): section 3.1 a-g.
4. Physical functioning (9 items): section 4.1 a-i.

Scoring Instructions:

1. Recode all items such that higher scores indicate higher well-being.
2. Convert the pre-coded numeric values of items to a 0-100 point scale, with higher converted scores always reflecting better quality of life. Responses should now be coded as 0, 25, 50, 75, 100.
3. Calculate the mean value of the items in each subscale. Adjust the denominator to include only items answered.
4. To calculate the total score, take the unweighted mean of the four subscales.

Below are statements that describe some children's behaviour.

Please try to answer all questions as well as you can, even if some do not seem to apply to your child.

2.2 Compared to other children his/her own age, how often during the past 4 weeks do each of the following statements describe your child?

	Very Often	Fairly Often	Some-times	Almost Never	Never	Not Applicable
a. was socially inappropriate (said or did something out of place in a social situation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. angered easily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. hit or attacked people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. swore in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. was obedient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. demanded a lot of attention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: YOUR CHILD'S SOCIAL FUNCTIONING

Below are statements that describe some children's social interactions and activities.

Please try to answer all questions as well as you can, even if some do not seem to apply to your child.

3.1 During the past 4 weeks, how often has your child's epilepsy:

	Very Often	Fairly Often	Some-times	Almost Never	Never	Not Applicable
a. limited his/her social activities (visiting friends, close relatives, or neighbours)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. affected his/her social interactions at school or work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. limited his/her leisure activities (hobbies or interests)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. isolated him/her from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. made it difficult for him/her to keep friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. frightened other people?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. <u>During the past 4 weeks</u> , how limited are your child's social activities compared with others his/her age because of his/her epilepsy or epilepsy-related problems?	<input type="checkbox"/> Yes, limited a lot	<input type="checkbox"/> Yes, limited some	<input type="checkbox"/> Yes, limited a little	<input type="checkbox"/> Yes, but rarely	<input type="checkbox"/> No, not limited	

