Quality of Life in Essential Tremor Questionnaire (QUEST)

Patient's Name: _____ ID: _____ Date: ____/____/____

Gender: ☐ Male ☐ Female Date of Birth: ____/____/____

Heath Status

In general, how would you rate your overall health? (0=very poor health, 100=excellent/perfect health)

Circle: 0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

Overall Quality of Life

Overall, how would you rate your quality of life? (0=very poor health, 100=excellent/perfect health)

Circle: 0 5 10 15 20 25 30 35 40 45 50 55 60 65 70 75 80 85 90 95 100

General Information

In the past month, has your tremor interfered with your sexual satisfaction?	**Y**	**N**
In the past month, have you had side effects from tremor medications?	Y	N
In the past month, have you been satisfied with the tremor control achieved by your medications?	**Y**	**N**

Which most appropriately describes your work status?

- ☐ Never worked
- ☐ Not working, retired because of tremor
- ☐ Not working, retired NOT due to tremor
- ☐ Working full time
- ☐ Working part time

TREMOR SELF ASSESSMENT

For the purposes of this questionnaire, tremor is defined as uncontrollable shaking or quivering of the body part in question.

On a typical day, how many of your waking hours do you have tremor in ANY body part?

Circle: 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24

Put a mark in the box to rate the severity of your tremor in each of the body parts listed below.

None - no tremor at any time
Mild - mild tremor not causing difficulty in performing any activities
Moderate - tremor causes difficulty in performing **some** activities
Marked - tremor causes difficulty in performing **most** or **all** activities
Severe - tremor **prevents** performing some activities

		None	Mild	Moderate	Marked	Severe
1.	**Head**	☐	☐	☐	☐	☐
2.	Voice	☐	☐	☐	☐	☐
3.	**Right arm/hand**	☐	☐	☐	☐	☐
4.	Left arm/hand	☐	☐	☐	☐	☐
5.	**Right leg/foot**	☐	☐	☐	☐	☐
6.	Left leg/foot	☐	☐	☐	☐	☐

continued on next page

For each question below, please mark the box which best describes your current situation.

For example: [N] [R] [~~S~~] [F] [A]

N = **N**ever/No
R = **R**arely
S = **S**ometimes
F = **F**requently
A = **A**lways/Yes
NA = **N**ot **A**pplicable

1.	My tremor interferes with my ability to communicate with others.		N R S F A
2.	My tremor interferes with my ability to maintain conversations with others.		N R S F A
3.	It is difficult for others to understand my speech because of my tremor.		N R S F A
4.	My tremor interferes with my job or profession.	NA	N R S F A
5.	I have had to change jobs because of my tremor.	NA	N R S F A
6.	I had to retire or take early retirement because of my tremor.		N [redacted] A
7.	I am only working part time because of my tremor.	NA	N [redacted] A
8.	I have had to use special aids or accommodations in order to continue my job due to my tremor.	NA	N R S F A
9.	My tremor has led to financial problems or concerns.		N R S F A
10.	I have lost interest in my hobbies because of my tremor.		N R S F A
11.	I have quit some of my hobbies because of my tremor.		N [redacted] A
12.	I have had to change or develop new hobbies because of my tremor.		N [redacted] A
13.	My tremor interferes with my ability to write (for example, writing letters, completing forms).		N R S F A
14.	My tremor interferes with my ability to use a typewriter or computer.	NA	N R S F A
15.	My tremor interferes with my ability to use the telephone (for example, dialing, holding the phone).		N R S F A
16.	My tremor interferes with my ability to fix small things around the house (for example, change light bulbs, minor plumbing, fixing household appliances, fixing broken items).		N R S F A
17.	My tremor interferes with dressing (for example, buttoning, zipping, tying shoes).		N R S F A
18.	My tremor interferes with brushing or flossing my teeth.		N R S F A
19.	My tremor interferes with eating (for example, bringing food to mouth, spilling).		N R S F A
20.	My tremor interferes with drinking liquids (for example, bringing to mouth, spilling, pouring).		N R S F A
21.	My tremor interferes with reading or holding reading material.		N R S F A
22.	My tremor interferes with my relationships with others (for example, my family, friends, coworkers).		N R S F A
23.	My tremor makes me feel negative about myself.		N R S F A
24.	I am embarrassed about my tremor.		N R S F A
25.	I am depressed because of my tremor.		N R S F A
26.	I feel isolated or lonely because of my tremor.		N R S F A
27.	I worry about the future due to my tremor.		N R S F A
28.	I am nervous or anxious.		N R S F A
29.	I use alcohol more frequently than I would like to because of my tremor.		N R S F A
30.	I have difficulty concentrating because of my tremor.		N R S F A

THANK YOU!