

QUEST Scoring

Patient Name: _____

Date: _____

If a question is Not Applicable, "X" through NA and leave blank--do not assign a score of 0.

Scoring algorithm: $\frac{\text{Total applicable points for each dimension}}{\text{Total possible points (\# of applicable questions } \times 4) \text{ for each dimension}} \times 100 = \text{dimension score}$

N=0 R=1 S=2 F=3 A=4 NA=blank Note: Questions 6, 7, 11, & 12--0 OR 4 points possible (if applicable).

Communication □

1. My tremor interferes with my ability to communicate with others. _____
2. My tremor interferes with my ability to maintain conversations with others. _____
3. It is difficult for others to understand my speech because of my tremor. _____

Work and Finances □

4. My tremor interferes with my job or profession. NA _____
5. I have had to change jobs because of my tremor. NA _____
6. I had to retire or take early retirement because of my tremor. _____
7. I am only working part time because of my tremor. NA _____
8. I have had to use special aids or accommodations in order to continue my job due to my tremor. NA _____
9. My tremor has led to financial problems or concerns. _____

Hobbies and Leisure □

10. I have lost interest in my hobbies because of my tremor. _____
11. I have quit some of my hobbies because of my tremor. _____
12. I have had to change or develop new hobbies because of my tremor. _____

Physical □

13. My tremor interferes with my ability to write (for example, writing letters, completing forms). _____
14. My tremor interferes with my ability to use a typewriter or computer. NA _____
15. My tremor interferes with my ability to use the telephone (for example, dialing, holding the phone). _____
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). _____
17. My tremor interferes with dressing (for example, buttoning, zipping, tying shoes). _____
18. My tremor interferes with brushing or flossing my teeth. _____
19. My tremor interferes with eating (for example, bringing food to mouth, spilling). _____
20. My tremor interferes with drinking liquids (for example, bringing to mouth, spilling, pouring). _____
21. My tremor interferes with reading or holding reading material. _____

Psychosocial □

22. My tremor interferes with my relationships with others (for example, my family, friends, coworkers). _____
23. My tremor makes me feel negative about myself. _____
24. I am embarrassed about my tremor. _____
25. I am depressed because of my tremor. _____
26. I feel isolated or lonely because of my tremor. _____
27. I worry about the future due to my tremor. _____
28. I am nervous or anxious. _____
29. I use alcohol more frequently than I would like to because of my tremor. _____
30. I have difficulty concentrating because of my tremor. _____