Quality of Life in Essential Tremor Questionnaire (QUEST)

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

Gender: [ ] Male [ ] Female   Date of Birth: _____ / ____ / ____

Health 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

<table>
<thead>
<tr>
<th>Body Part</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Marked</th>
<th>Severe</th>
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</thead>
<tbody>
<tr>
<td>1. Head</td>
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<td>2. Voice</td>
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<td>3. Right arm/hand</td>
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<td>4. Left arm/hand</td>
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<td>5. Right leg/foot</td>
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<tr>
<td>6. Left leg/foot</td>
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For each question below, please mark the box which best describes your current situation.

For example:  

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<tbody>
<tr>
<td>N</td>
<td>R</td>
<td>S</td>
<td>F</td>
<td>A</td>
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</tbody>
</table>

**N** = Never/No  
**R** = Rarely  
**S** = Sometimes  
**F** = Frequently  
**A** = Always/Yes  
**NA** = Not Applicable

1. My tremor interferes with my ability to communicate with others.  
   - **N**  
   - **R**  
   - **S**  
   - **F**  
   - **A**  
   - **NA**

2. My tremor interferes with my ability to maintain conversations with others.  
   - **N**  
   - **R**  
   - **S**  
   - **F**  
   - **A**  
   - **NA**

3. It is difficult for others to understand my speech because of my tremor.  
   - **N**  
   - **R**  
   - **S**  
   - **F**  
   - **A**  
   - **NA**

4. My tremor interferes with my job or profession.  
   - **N**  
   - **R**  
   - **S**  
   - **F**  
   - **A**  
   - **NA**

5. I have had to change jobs because of my tremor.  
   - **N**  
   - **R**  
   - **S**  
   - **F**  
   - **A**  
   - **NA**

6. I had to retire or take early retirement because of my tremor.  
   - **N**  
   - **R**  
   - **S**  
   - **F**  
   - **A**  
   - **NA**

7. I am only working part time because of my tremor.  
   - **N**  
   - **R**  
   - **S**  
   - **F**  
   - **A**  
   - **NA**

8. I have had to use special aids or accommodations in order to continue my job due to my tremor.  
   - **N**  
   - **R**  
   - **S**  
   - **F**  
   - **A**  
   - **NA**

9. My tremor has led to financial problems or concerns.  
   - **N**  
   - **R**  
   - **S**  
   - **F**  
   - **A**  
   - **NA**

10. I have lost interest in my hobbies because of my tremor.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

11. I have quit some of my hobbies because of my tremor.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

12. I have had to change or develop new hobbies because of my tremor.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

13. My tremor interferes with my ability to write (for example, writing letters, completing forms).  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

14. My tremor interferes with my ability to use a typewriter or computer.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

15. My tremor interferes with my ability to use the telephone (for example, dialing, holding the phone).  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

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**  
    - **NA**

17. My tremor interferes with dressing (for example, buttoning, zipping, tying shoes).  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

18. My tremor interferes with brushing or flossing my teeth.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

19. My tremor interferes with eating (for example, bringing food to mouth, spilling).  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

20. My tremor interferes with drinking liquids (for example, bringing to mouth, spilling, pouring).  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

21. My tremor interferes with reading or holding reading material.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

22. My tremor interferes with my relationships with others (for example, my family, friends, coworkers).  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

23. My tremor makes me feel negative about myself.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

24. I am embarrassed about my tremor.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

25. I am depressed because of my tremor.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

26. I feel isolated or lonely because of my tremor.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

27. I worry about the future due to my tremor.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

28. I am nervous or anxious.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

29. I use alcohol more frequently than I would like to because of my tremor.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

30. I have difficulty concentrating because of my tremor.  
    - **N**  
    - **R**  
    - **S**  
    - **F**  
    - **A**  
    - **NA**

**THANK YOU!**