**QUEST Scoring**

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

<table>
<thead>
<tr>
<th>Scoring algorithm:</th>
<th>Total applicable points for each dimension</th>
<th>Total possible points (# of applicable questions x 4) for each dimension</th>
<th>x 100 = dimension score</th>
</tr>
</thead>
</table>

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.
5. I have had to change jobs because of my tremor.
6. I had to retire or take early retirement because of my tremor.
7. I am only working part time because of my tremor.
8. I have had to use special aids or accommodations in order to continue my job due to my tremor.
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.
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.