

CPQOL

Cerebral Palsy Quality of Life

Version 2 July 2013

Quality of Life Questionnaire
for Adolescent (CP QOL-Teen)

Adolescent Self Report Questionnaire



Quality of Life Questionnaire for Adolescents (CP QOL-Teen)

Adolescent Self Report

We would like to ask you some questions about your life such as your family, your friends, your health and your school.

Each question begins with 'How do you FEEL about.....?'

For each question we want you to choose the best number that shows how you FEEL.

You can choose any number from 1 (Very unhappy) to 9 (Very happy).

This questionnaire has been designed for adolescents with all different types of cerebral palsy and some questions might be hard to answer. Please just do your best to give an answer for each question. The questionnaire is measuring how you feel, not what you can do.

Here is an example:

Q. How do you feels about...

the way you get along with people generally?

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

Q. How do you feel about...

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy
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your life in general?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your life as a whole?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your quality of life?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

how happy you are?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Family & Friends

Q. How do you feel about...

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy
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the way you get along with people generally?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you get along with the person who looks after you/your parents?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the support you get from your family?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you get along with your brothers & sisters?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

OR I do not have any brothers or sisters

the way you get along with other teenagers outside of school (not school friends)?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you get along with adults?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

hanging out on your own?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

hanging out with friends?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

going on trips with your family?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Family & Friends

Q. How do you feel about...

how are you are accepted by your family?

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

how you are accepted by other teenagers outside of school (not school friends)?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

how you are accepted by adults?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

how you are accepted by people in general?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

being able to do things you want to do (i.e your ability to do things, not whether you're allowed to)?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you 'have a go' and try new things?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

yourself?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your positive attitude?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your future?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your opportunities in life?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

School

Q. How do you feel about...

the way you get along with other teenagers at school? (If you attend more than one school, please think about the school where you spend the most time).

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

the way you are included by other students at your school?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you get along with your teachers?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way you get along with your carers?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

OR I do not have a carer.

how you are accepted by other students at school? (If you attend more than one school, please think about the school where you spend the most time).

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

how you are accepted by the staff and teachers at your school?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

being treated the same as everyone else at your school?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

School

Q. How do you feel about...

*your ability to keep up academically with your peers
(i.e. your school work)?*

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

your ability to keep up physically with your peers?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

*your ability to participate at school? (If you attend
more than one school, please think about the school
where you spend the most time).*

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Participation

*your ability to participate in leisure and recreational
activities?*

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

*your ability to participate in sporting activities? (This
question is asking how you feel about your ability to
participate in sport, not whether you do).*

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

*your ability to participate in social events outside of
school?*

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your ability to participate in your community?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Communication

Q. How do you feel about...

*the way you communicate with people you know well
(using any means of communication)?*

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

*the way you communicate with people you don't
know well (using any means of communication)?*

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way other people communicate with you?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

*the way you communicate with people using
technology? (e.g. text message, the internet)?*

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Health

Q. How do you feel about...

	Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
<i>your overall health?</i>	1	2	3	4	5	6	7	8	9
<i>your physical health?</i>	1	2	3	4	5	6	7	8	9
<i>the way you get around? (i.e. your mobility)?</i>	1	2	3	4	5	6	7	8	9
<i>how you sleep?</i>	1	2	3	4	5	6	7	8	9
<i>the way you look?</i>	1	2	3	4	5	6	7	8	9
<i>the changes happening to your body to do with puberty?</i>	1	2	3	4	5	6	7	8	9
<i>being able to do things by yourself without relying on others?</i>	1	2	3	4	5	6	7	8	9
<i>what may happen to you later in life?</i>	1	2	3	4	5	6	7	8	9
<i>what you have achieved in your life?</i>	1	2	3	4	5	6	7	8	9
<i>succeeding in the things you want to be good at?</i>	1	2	3	4	5	6	7	8	9

Health

Q. How do you feel about...

your ability to get around your neighbourhood?

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

your ability to get from place to place (i.e transport)?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your plans for the future?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

The next question has a different response scale ranging from “Not concerned at all” to “Very concerned”

Are you concerned about having cerebral palsy?

Not concerned at all								Very concerned
1	2	3	4	5	6	7	8	9

The next 2 questions are asking how you feel about using parts of your body, not whether you can use parts of your body.

the way you use your arms and hands?

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

the way you use your legs?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Health

Q. How do you feel about...

The next 3 questions are asking how you feel about your ability to complete daily activities, not whether you can complete this activities.

your ability to dress yourself?

your ability to eat or drink independently?

your ability to use the toilet by yourself?

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9
1	2	3	4	5	6	7	8	9

Special Equipment

Q. How do you feel about...

the special equipment you have at home? (e.g special seating, standing frames, wheelchairs, walkers, AFOs, visual aids, hearing aids, communication aids).

OR I do not need any special equipment at home.

the special equipment you have at school? (e.g notetakers, special seating, standing frames, wheelchairs, walkers, laptops, visual aids, hearing aids, communication aids).

OR I do not need any special equipment at school.

the special equipment that is available in the community (ramps, escalators, wheelchair access)?

OR I do not need any special equipment in the community.

your access to special services available in the community (e.g. for employment, moving out of home)?

OR I do not need any special services in the community.

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very Happy				
1	2	3	4	5	6	7	8	9

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

Pain and bother

Q. How do you feel about...

The next question relates to any pain that you may experience

how much pain do you have?

No pain at all							A lot of pain	
1	2	3	4	5	6	7	8	9

If your answer is (1) "No pain at all" please stop here. You have finished the questionnaire.

If not, please proceed to the questions below

the level of pain you experience?

Not upset at all							Very upset	
1	2	3	4	5	6	7	8	9

the level of discomfort you feel?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your ability to cope with pain?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

your ability to control your pain?

1	2	3	4	5	6	7	8	9
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the way that pains gets in the way of your life?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

the way pain stops you from being yourself?

1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---

how pain takes away from your everyday fun?

1	2	3	4	5	6	7	8	9
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Thank you for helping us with our questions

