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Office use only

**Thank you for taking part in the MobQoL Project!**

**Instructions**

Please complete all sections of this questionnaire and return via email to n.bray@bangor.ac.uk. Please put an **X** in all boxes that apply to you, and use the text boxes provided to write your answers where required.

If you need help to read or write please ask a family member or friend to help you, or you could contact the MobQoL project team using the contact details below. If someone does help you to answer this questionnaire please make sure that all of your answers are your own, so please avoid discussing your answers until after you have completed the questionnaire. There are no right or wrong answers! If there are any questions that you do not want to answer please leave them blank.

If you have any further questions please contact the MobQoL Project team-

**Address:**

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**Part 1**

**Please read the following information and put an X in each box to say ‘yes’**

 **(Please put an X in each box to say ‘yes’)**

I have read the information leaflet about the MobQoL Project

I understand what I am being asked to do.

I know that my information and answers in the questionnaire will be kept private.

I know you will not use my name when you report the findings from the project.

I agree to allow the answers I give to be used for educational purposes in the future

I agree to complete the questionnaire as part of the MobQoL Project

**Please provide your contact details (these will be kept private and confidential):**

Your name

Home address

Post code \_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_

In the future if you would like us to write and speak to you in Welsh please tick here:

**Part 2: The MobQoL Tool**

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Mobility can mean lots of different things. For some people mobility is about walking around, for other people mobility is about using a wheelchair or other aids. The aim of the MobQoL Tool is to find out how your mobility affects your quality of life, no matter how you move around or what mobility aids you use.

For each question, please type **X** in **ONE** box to show which statement best describes your quality of life and mobility at the moment. If you use any mobility aids, think about how they help or hinder you in relation to each question

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| **1. Accessibility at home** |  |
|  |  |  I do not find it difficult to move around my home |  |
|  |  |  I find it a little bit difficult to move around my home |  |
|  |  |  I find it very difficult to move around my home |  |
|  |  |  I cannot move around my home |  |
| **2. Accessibility in the wider community** *(such as public spaces, shops or other homes/properties)* |  |
|  |  |  I never find it difficult to access other buildings and places outside my home  |  |
|  |  |  I sometimes find it difficult to access other buildings and places outside my home |  |
|  |  |  I often find it difficult to access other buildings and places outside my home |  |
|  |  |  I always find it difficult to access other buildings and places outside my home |  |
| **3. Safety** *(such as steadiness, balance, risk of injury or personal safety)* |  |
|  |  |  Moving around in my everyday life never makes me feel unsafe |  |
|  |  |  Moving around in my everyday life sometimes makes me feel unsafe |  |
|  |  |  Moving around in my everyday life often makes me feel unsafe |  |
|  |  |  Moving around in my everyday life always makes me feel unsafe  |  |
| **4. Relationships** *(such as friendship, love or companionship* |  |
|  |  |  My mobility never has a negative impact on my relationships with family, friends and loved ones |  |
|  |  |  My mobility sometimes has a negative impact on my relationships with family, friends and loved ones |  |
|  |  |  My mobility often has a negative impact on my relationships with family, friends and loved ones |  |
|  |  |  My mobility always has a negative impact on my relationships with family, friends and loved ones |  |
| **5. Social inclusion** *(such as experiences of prejudice or discrimination)* |  |
|  |  |  I never feel that people treat me badly because of my mobility |  |
|  |  |  I sometimes feel that people treat me badly because of my mobility |  |
|  |  |  I often feel that people treat me badly because of my mobility |  |
|  |  |  I always feel that people treat me badly because of my mobility |  |
| **6. Contribution** *(such as contributing at home, work, education or in the community)* |  |
|  |  |  My mobility never makes it difficult to contribute and do the things that make me feel valued |  |
|  |  |  My mobility sometimes makes it difficult to contribute and do the things that make me feel valued |  |
|  |  |  My mobility often makes it difficult to contribute and do the things that make me feel valued |  |
|  |  |  My mobility always makes it difficult to contribute and do the things that make me feel valued |  |
| **7. Activities** *(such as taking part in hobbies, sports or socialising)* |  |
|  |  |  My mobility never makes it difficult to take part in the activities that are important to me |  |
|  |  |  My mobility sometimes makes it difficult to take part in the activities that are important to me |  |
|  |  |  My mobility often makes it difficult to take part in the activities that are important to me |  |
|  |  |  My mobility always makes it difficult to take part in the activities that are important to me |  |
| **8. Personal care** *(such as looking after yourself, washing, dressing or using the toilet)* |  |
|  |  |  I am very satisfied with my personal care arrangements |  |
|  |  |  I am satisfied with my personal care arrangements |  |
|  |  |  I am unsatisfied with my personal care arrangements |  |
|  |  |  I am very unsatisfied with my personal care arrangements |  |
| **9. Pain and discomfort** |  |
|  |  |  Moving around in my everyday life is not painful or uncomfortable |  |
|  |  |  Moving around in my everyday life is a little bit painful or uncomfortable |  |
|  |  |  Moving around in my everyday life is very painful or uncomfortable |  |
|  |  |  Moving around in my everyday life is extremely painful or uncomfortable |  |
| **10. Independence** |  |
|  |  |  I am always satisfied with my level of independence |  |
|  |  |  I am often satisfied with my level of independence |  |
|  |  |  I am sometimes satisfied with my level of independence |  |
|  |  |  I am never satisfied with my level of independence |  |
| **11. Energy** *(including physical and mental energy)* |  |
|  |  |  Moving around in my everyday life rarely makes me feel exhausted |  |
|  |  |  Moving around in my everyday life sometimes makes me feel exhausted |  |
|  |  |  Moving around in my everyday life often makes me feel exhausted |  |
|  |  |  Moving around in my everyday life always makes me feel exhausted |  |
| **12. Self-esteem** *(including identity, confidence and self-consciousness)*3 |  |
|  |  |  I never feel bad about myself because of my mobility |  |
|  |  |  I sometimes feel bad about myself because of my mobility |  |
|  |  |  I often feel bad about myself because of my mobility |  |
|  |  |  I always feel bad about myself because of my mobility |  |
| **13. Mood and emotions** |  |
|  |  |  I never feel low, sad or unhappy because of my mobility |  |
|  |  |  I sometimes feel low, sad or unhappy because of my mobility |  |
|  |  |  I often feel low, sad or unhappy because of my mobility |  |
|  |  |  I always feel low, sad or unhappy because of my mobility |  |
| **14. Frustration** *(such as feelings of anger or resentment)* |  |
|  |  |  My mobility does not make me feel frustrated |  |
|  |  |  My mobility makes me feel a little bit frustrated |  |
|  |  |  My mobility makes me feel very frustrated |  |
|  |  |  My mobility makes me feel extremely frustrated |  |
| **15. Anxiety** *(such as feelings of worry or stress)* |  |
|  |  |  My mobility does not make me feel anxious |  |
|  |  |  My mobility makes me feel a little bit anxious |  |
|  |  |  My mobility makes me feel very anxious |  |
|  |  |  My mobility makes me feel extremely anxious |  |

**Please continue to the next page**

**Part 3: Questions about your health**

**Under each heading, please type X in the ONE box that best describes your health TODAY.**

|  |  |  |
| --- | --- | --- |
| **MOBILITY** |  |  |
| I have no problems in walking about |  |  |
| I have slight problems in walking about |  |  |
| I have moderate problems in walking about |  |  |
| I have severe problems in walking about |  |  |
| I am unable to walk about |  |  |
|  |  |  |
| **SELF-CARE** |  |  |
| I have no problems washing or dressing myself  |  |  |
| I have slight problems washing or dressing myself  |  |  |
| I have moderate problems washing or dressing myself  |  |  |
| I have severe problems washing or dressing myself  |  |  |
| I am unable to wash or dress myself  |  |  |
|  |  |  |
| **USUAL ACTIVITIES** (*e.g. work, study, housework, family or leisure activities*) |  |  |
| I have no problems doing my usual activities  |  |  |
| I have slight problems doing my usual activities  |  |  |
| I have moderate problems doing my usual activities  |  |  |
| I have severe problems doing my usual activities  |  |  |
| I am unable to do my usual activities  |  |  |
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| **PAIN / DISCOMFORT** |  |  |
| I have no pain or discomfort  |  |  |
| I have slight pain or discomfort  |  |  |
| I have moderate pain or discomfort  |  |  |
| I have severe pain or discomfort  |  |  |
| I have extreme pain or discomfort  |  |  |
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| **ANXIETY / DEPRESSION** |  |  |
| I am not anxious or depressed  |  |  |
| I am slightly anxious or depressed  |  |  |
| I am moderately anxious or depressed  |  |  |
| I am severely anxious or depressed  |  |  |
| I am extremely anxious or depressed  |  |  |

**Part 4: Questions about your quality of life**

Please indicate which statements best describe your overall quality of life at the moment by typing **X** in **ONE** box for each of the five groups below.

**1. Feeling settled and secure**

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I am able to feel settled and secure in **all** areas of my life

I am able to feel settled and secure in **many** areas of my life

I am able to feel settled and secure in **a few** areas of my life

I am **unable** to feel settled and secure in **any** areas of my life

**2. Love, friendship and support**

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I can have **a lot** of love, friendship and support

I can have **quite a lot** of love, friendship and support

I can have **a little** love, friendship and support

I **cannot** have **any** love, friendship and support

**3. Being independent**

|  |
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I am able to be **completely** independent

 I am able to be independent in **many** things

I am able to be independent in **a few** things

I am **unable** to be at all independent

**4. Achievement and progress**

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I can achieve and progress in **all** aspects of my life

 I can achieve and progress in **many** aspects of my life

I can achieve and progress in **a few** aspects of my life

I **cannot** achieve and progress in **any** aspects of my life

**5. Enjoyment and pleasure**

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I can have **a lot** of enjoyment and pleasure

I can have **quite a lot** of enjoyment and pleasure

I can have **a little** enjoyment and pleasure

I **cannot** have **any** enjoyment and pleasure

**Part 5: Questions about how your mobility aids affect you**

On the next page are 26 words and phrases which describe how using a mobility aid, such as a wheelchair, may affect a user. For each word or phrase, type **X** in the appropriate box to show how you are personally affected by your mobility aids. If you use multiple mobility aids please focus on the piece of equipment you use the most. You can score each item from -3 (large negative impact) to 3 (large positive impact). Some of the words and phrases might seem unusual but it is important that you try to answer all of the 26 items.

As an example, let’s look at how you might rate how your mobility aid affects your level of “happiness”:

* If you feel *very much more* happy than before getting your mobility aid: put a mark in the “3” box
* If you feel *somewhat more* happy*,* but not as much as you expected: put a mark in the “1” or “2” box
* If you do notfeel *any more or less* happy*:* put a mark in the “0” box.
* If you feel *somewhat unhappy (*or less happy than you used to feel): put a mark in the “-1” or “-2” box
* If you feel *quite unhappy* (or a lot less happy than you used to feel): put a mark in the “-3” box

**Please continue to the next page**

**For each question, please type X in ONE box to show how your mobility aids affect you**

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**Part 6: Questions about you**

Please type **X** in each box that applies to you and write any answers in the text boxes provided, where required. If you do not know the answer to a question please leave it blank.

**Q1** **Your gender?**  Male Female Other

**Q2** **How old are you?** Years

**Q3** **What is your current employment status?**

 Full-time Part-time

Unemployed Student

 Parent/carer Sick leave

 Retired

**Q4 Overall, do you consider your health to be stable at the moment?** Yes No

**Q5 If you have been diagnosed with a disability/condition which affects your ability to move around, please provide details here:**

**Q6 Please provide details of any mobility aids you currently use:**

|  |
| --- |
|  |
|  | **Brief description of mobility aid**(e.g. powered or manual wheelchair) *Please state full product name if known* |  | **What do you use this mobility aid for?**(e.g. everything, home, work, exercise/sport, leisure activities) |
| **Mobility aid 1**(main one you use) |  |  |  |  |
|  |  |  |  |  |
| **Mobility aid 2** |  |  |  |  |
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| **Mobility aid 3** |  |  |  |  |
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| **Mobility aid 4** |  |  |  |  |

**Q7 How long have you been using mobility aids?** Years

**Q8 How often do you use your mobility aid(s)?** (*Please choose only one option*)

**A little** of the time **Some** of the time

**Most** of the time **All** of the time

**Thank you for completing this questionnaire**

Please return your completed questionnaire via email to n.bray@bangor.ac.uk, we will send you a £5 voucher as a thank you for completing this questionnaire!