

EPILEPSY SURGERY INVENTORY (ESI-55)

QUESTIONNAIRE ITEMS

INSTRUCTIONS:

This survey asks about your health and daily activities. Answer every question by circling the appropriate number (1, 2, 3, ...).

If you are unsure about how to answer a question, please give the best answer you can and write a comment or explanation in the margin.

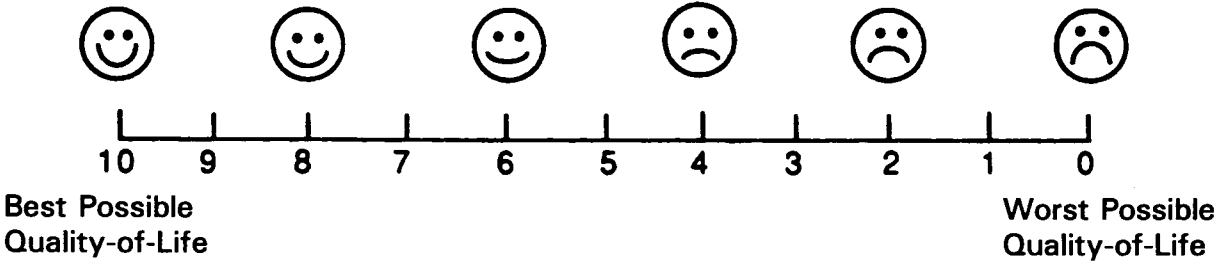
Please feel free to ask someone to assist you if you need help reading or marking the form.

1. In general, would you say your health is:
(circle one number)

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

2. Overall, how would you rate your own quality-of-life?

Circle one number on the scale below:



3. Compared to one year ago, how would you rate your health in general now?

(circle one number)

- Much better now than one year ago 1
- Somewhat better now than one year ago 2
- About the same 3
- Somewhat worse now than one year ago 4
- Much worse now than one year ago 5

4-13. The following questions are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much? (Circle 1, 2, or 3 on each line)

	Yes, Limited a Lot	Yes, Limited a Little	No, Not Limited at All
4. <u>Vigorous activities</u> , such as running, lifting heavy objects, participating in strenuous sports	1	2	3
5. <u>Moderate activities</u> , such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
6. Lifting or carrying groceries	1	2	3
7. Climbing <u>several</u> flights of stairs	1	2	3
8. Climbing <u>one</u> flight of stairs	1	2	3
9. Bending, kneeling, or stooping	1	2	3
10. Walking <u>more than a mile</u>	1	2	3
11. Walking <u>several blocks</u>	1	2	3
12. Walking <u>one block</u>	1	2	3
13. Bathing and dressing yourself	1	2	3

14-18. During the **past 4 weeks**, have you had any of the following problems with your regular daily activities or work **as a result of any physical problems**? (Please answer **YES** or **NO** for each question by circling 1 or 2 on each line.)

	YES	NO
14. Cut down on the <u>amount of time</u> you could spend on work or other activities	1	2
15. <u>Accomplished less</u> than you would like	1	2
16. Were limited in the <u>kind</u> of work or other activities	1	2
17. Had <u>difficulty</u> performing the work or other activities	1	2
18. Did work or other activities <u>less carefully</u> than usual	1	2

19-23. During the **past 4 weeks**, have you had any of the following problems with your regular daily activities or work **as a result of any emotional problems** (such as feeling depressed or anxious). (Please answer **YES** or **NO** for each question by circling 1 or 2 on each line.)

	YES	NO
19. Cut down on the <u>amount of time</u> you could spend on work or other activities	1	2
20. <u>Accomplished less</u> than you would like	1	2
21. Were limited in the <u>kind</u> of work or other activities	1	2
22. Had <u>difficulty</u> performing the work or other activities	1	2
23. Did work or other activities <u>less carefully</u> than usual	1	2

24. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

(circle one number)

Not at all 1

Slightly 2

Moderately 3

Quite a bit 4

Extremely 5

25-33. These questions are about how you feel and how things have been with you **during the past 4 weeks**. For each question, please indicate the one answer that comes closest to the way you have been feeling.

How much of the time during the **past 4 weeks**...

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
25. did you feel full of pep?	1	2	3	4	5	6
26. have you been a very nervous person?	1	2	3	4	5	6
27. have you felt so down in the dumps that nothing could cheer you up?	1	2	3	4	5	6
28. have you felt calm and peaceful?	1	2	3	4	5	6
29. did you have a lot of energy?	1	2	3	4	5	6
30. have you felt downhearted and blue?	1	2	3	4	5	6
31. did you feel worn out?	1	2	3	4	5	6
32. have you been a happy person?	1	2	3	4	5	6
33. did you feel tired?	1	2	3	4	5	6

34-39. How much of the time during the past 4 weeks...

	All of the Time	Most of the Time	A Good Bit of the Time	Some of the Time	A Little of the Time	None of the Time
34. has your <u>health limited your social activities</u> (like visiting with friends or close relatives)?	1	2	3	4	5	6
35. have you had difficulty concentrating and thinking?	1	2	3	4	5	6
36. did you have trouble keeping your attention on an activity for long?	1	2	3	4	5	6
37. have you worried about having another seizure?	1	2	3	4	5	6
38. did you have difficulty reasoning and solving problems (for example, making plans, making decisions, learning new things?)	1	2	3	4	5	6
39. were you discouraged by your health problems?	1	2	3	4	5	6

40. How much bodily pain have you had during the past 4 weeks?

(circle one number)

- None 1
- Very mild 2
- Mild 3
- Moderate 4
- Severe 5
- Very severe 6

41. During the past 4 weeks, how much did bodily pain interfere with your normal work (including both outside the home and housework)?

(circle one number)

- Not at all 1
- A little bit 2
- Moderately 3
- Quite a bit 4
- Extremely 5

42-47. Please choose the answer that best describes how true or false each of the following statements is for you.

(circle one number on each line)

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
42. I seem to get sick (any kind of sickness) a little easier than other people	1	2	3	4	5
43. I am as healthy as anybody I know	1	2	3	4	5
44. I expect my health to get worse	1	2	3	4	5
45. My health is excellent	1	2	3	4	5
46. When there is an illness going around, I usually catch it	1	2	3	4	5
47. I seem to get seizures a little easier than other people with epilepsy	1	2	3	4	5

48. How has the quality of your life been during the past 4 weeks?
That is, how have things been going for you?

(circle one number)

Very well:
could hardly be better

1

Pretty good

2

Good & bad parts
about equal

3

Pretty bad

4

Very bad:
could hardly be worse

5

49. In the **past 4 weeks**, have you had any trouble with your memory?

(circle one number)

- Yes, a great deal 1
- Yes, somewhat 2
- Yes, a little 3
- No, not at all 4

50. In the **past 4 weeks**, have you had any trouble with your speech or language?

(circle one number)

- Yes, a great deal 1
- Yes, somewhat 2
- Yes, a little 3
- No, not at all 4

51-55. During the **past 4 weeks**, have you had any of the following problems with your regular daily activities or work **as a result of any memory, speech or language problems**? (Please answer **YES** or **NO** for each question by circling 1 or 2 on each line.)

	YES	NO
51. Cut down on the <u>amount of time</u> you could spend on work or other activities	1	2
52. <u>Accomplished less</u> than you would like	1	2
53. Were limited in the <u>kind</u> of work or other activities	1	2
54. Had <u>difficulty</u> performing the work or other activities	1	2
55. Did work or other activities <u>less carefully</u> than usual	1	2