

Quality of Life in Late-Stage Dementia (QUALID) Scale

Select the one descriptor from each category that best describes the resident over the past week:

<p>Smiles</p> <p><input type="checkbox"/> 1. spontaneously once or more each day</p> <p><input type="checkbox"/> 2. spontaneously less than once a day</p> <p><input type="checkbox"/> 3. only in response to external stimuli; at least once a day</p> <p><input type="checkbox"/> 4. only in response to external stimuli; less than once a day</p> <p><input type="checkbox"/> 5. rarely, if at all</p>	<p>Appears physically uncomfortable - he/she squirms, writhes, frequently changes position</p> <p><input type="checkbox"/> 1. rarely or never</p> <p><input type="checkbox"/> 2. less than once a day</p> <p><input type="checkbox"/> 3. at least once a day</p> <p><input type="checkbox"/> 4. nearly half the day</p> <p><input type="checkbox"/> 5. most of the day</p>
<p>Appears sad</p> <p><input type="checkbox"/> 1. rarely or never</p> <p><input type="checkbox"/> 2. only in response to external stimuli; less than once a day</p> <p><input type="checkbox"/> 3. only in response to external stimuli; at least once a day</p> <p><input type="checkbox"/> 4. for no apparent reason less than once each day</p> <p><input type="checkbox"/> 5. for no apparent reason once or more each day</p>	<p>Makes statements or sounds that suggest discontent, unhappiness, or discomfort (complains, groans, screams)</p> <p><input type="checkbox"/> 1. rarely or never</p> <p><input type="checkbox"/> 2. only in response to external stimuli; less than once a day</p> <p><input type="checkbox"/> 3. only in response to external stimuli; at least once a day</p> <p><input type="checkbox"/> 4. without cause less than once a day</p> <p><input type="checkbox"/> 5. without cause once a day</p>
<p>Cries</p> <p><input type="checkbox"/> 1. rarely or never</p> <p><input type="checkbox"/> 2. only in response to external stimuli; less than once a day</p> <p><input type="checkbox"/> 3. only in response to external stimuli; at least once a day</p> <p><input type="checkbox"/> 4. for no apparent reason less than once each day</p> <p><input type="checkbox"/> 5. for no apparent reason once or more each day</p>	<p>Is irritable or aggressive (becomes angry, curses, pushes, or attempts to hurt others)</p> <p><input type="checkbox"/> 1. rarely or never</p> <p><input type="checkbox"/> 2. only in response to external stimuli; less than once each day</p> <p><input type="checkbox"/> 3. only in response to external stimuli; at least once each day</p> <p><input type="checkbox"/> 4. without cause less than each day</p> <p><input type="checkbox"/> 5. without cause once or more each day</p>
<p>Has a facial expression of discomfort- appears unhappy or in pain (looks worried, grimaces, furrowed or turned down brow)</p> <p><input type="checkbox"/> 1. rarely or never</p> <p><input type="checkbox"/> 2. less than once a day</p> <p><input type="checkbox"/> 3. at least once a day</p> <p><input type="checkbox"/> 4. nearly half the day</p> <p><input type="checkbox"/> 5. most of the day</p>	<p>Enjoys eating</p> <p><input type="checkbox"/> 1. at most meals and snacks</p> <p><input type="checkbox"/> 2. twice a day</p> <p><input type="checkbox"/> 3. at least once a day</p> <p><input type="checkbox"/> 4. less than once a day</p> <p><input type="checkbox"/> 5. rarely or never</p>
<p>Enjoys touching/being touched</p> <p><input type="checkbox"/> 1. almost always; almost always initiates touching</p> <p><input type="checkbox"/> 2. more than half the time; sometimes initiates touching</p> <p><input type="checkbox"/> 3. half the time; never initiates touching, but does not resist touching</p> <p><input type="checkbox"/> 4. less than half the time; often or frequently resists touching/being touched</p> <p><input type="checkbox"/> 5. rarely or never; almost always resists touching/being touched</p>	<p>Enjoys interacting or being with others</p> <p><input type="checkbox"/> 1. almost always: almost always initiates interaction with others</p> <p><input type="checkbox"/> 2. more than half the time; sometimes initiates interaction with others</p> <p><input type="checkbox"/> 3. half the time; never initiates interaction, but does not resist interactions with others</p> <p><input type="checkbox"/> 4. less than half the time; often or frequently resists interaction with others</p> <p><input type="checkbox"/> 5. rarely or never; almost always resists interaction with others</p>
<p>Appears emotionally calm and comfortable</p> <p><input type="checkbox"/> 1. most of the day</p> <p><input type="checkbox"/> 2. more than half the day</p> <p><input type="checkbox"/> 3. half the day</p> <p><input type="checkbox"/> 4. less than half the day</p> <p><input type="checkbox"/> 5. rarely or never</p>	
<p>Total Score (sum of all items: scores range from 11 to 55 with lower scores representing higher quality of life)</p>	<p>Resident Name _____</p> <p>Date: _____</p>
<p>Knowledge/familiarity of caregiver(s) with the resident</p> <p><input type="checkbox"/> 0 Very familiar; provides daily care</p> <p><input type="checkbox"/> 1. Somewhat familiar, often provides some care</p> <p><input type="checkbox"/> 2. Not very familiar; only minimal contact</p>	<p>Quality of Interview (Interviewer's Professional Judgement)</p> <p><input type="checkbox"/> 0 Interview appeared valid</p> <p><input type="checkbox"/> 2. Some questions about interview, but probably acceptable</p> <p><input type="checkbox"/> 3. Information from interview of doubtful validity</p>