

DMD-QoL Proxy

Please read each sentence below and think about how often that sentence applied to your child, or the person you are responding on behalf of, **during the past 7 days**. Please select the answer that best applies to him.

You can choose “Never”, “Sometimes”, “A lot of the time”, or “All of the time”.

For example, if he sometimes felt cold during the past 7 days you would select this answer:

During the past 7 days...	Never	Sometimes	A lot of the time	All of the time
He felt cold	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now please read the sentences below and select the answer that best applies to the person you are responding on behalf of:

During the past 7 days...	Never	Sometimes	A lot of the time	All of the time
1. He found it hard to use his hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. He found it hard to eat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. He found it hard to breathe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. He was in pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. He felt tired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. He found it hard to talk to people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. He felt good about himself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. He felt unhappy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. He felt embarrassed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. He felt worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check that you have provided a single response for each question before going onto the next page.

During the past 7 days...	Never	Sometimes	A lot of the time	All of the time
11. He felt angry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. He found it hard to get around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. He could take part in the things he wanted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. He could take part in things with his friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please check that you have provided a single response for each question.

Thank you for completing the questionnaire.

SAMPLE COPY