APPENDIX e-2

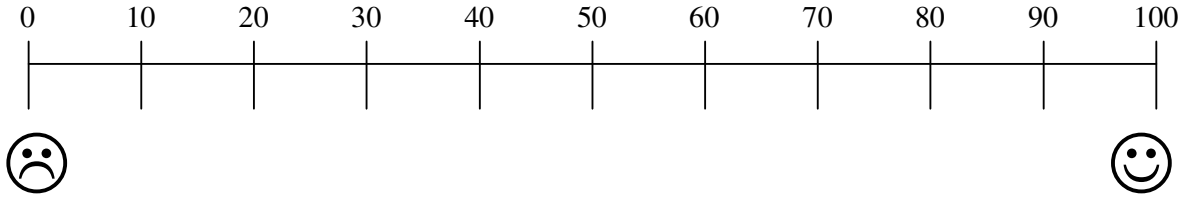
Gilles de la Tourette Syndrome – Quality of Life scale (GTS-QOL)

Having a health problem can affect a person's quality of life in many different ways. This questionnaire addresses the issue of how your illness affects your well-being. Please put one cross in the box corresponding to the answer that fits your feelings best.
Note that this list includes many problems that you may never experience.

In the last 4 weeks have you	No Problem	Slight Problem	Moderate Problem	Marked Problem	Extreme Problem
1. Been unable to control all your movements?	☐	☐	☐	☐	☐
2. Had difficulty with daily life activities or hobbies (e.g. cooking, writing)?	☐	☐	☐	☐	☐
3. Suffered from pain or physical injuries as a result of your tics?	☐	☐	☐	☐	☐
4. Felt troubled by noises you could not stop making?	☐	☐	☐	☐	☐
5. Been worried about using swear words you did not mean to say?	☐	☐	☐	☐	☐
6. Been worried about doing something embarrassing (e.g. rude gestures)?	☐	☐	☐	☐	☐
7. Had to repeat words over and over?	☐	☐	☐	☐	☐
8. Had to repeat things that other people did or said (copying people)?	☐	☐	☐	☐	☐
9. Had to do things over and over again, in a certain way (e.g. checking, touching)?	☐	☐	☐	☐	☐
10. Experienced unpleasant thoughts or pictures going through your mind?	☐	☐	☐	☐	☐
11. Had difficulty concentrating?	☐	☐	☐	☐	☐
12. Had problems with your memory?	☐	☐	☐	☐	☐
13. Lost or misplaced important things (e.g. wallet, keys, mobile phone)?	☐	☐	☐	☐	☐

14. Had difficulty finishing your tasks once you have started them?	☐	☐	☐	☐	☐
15. Felt generally in poor health?	☐	☐	☐	☐	☐
16. Felt sad or depressed?	☐	☐	☐	☐	☐
17. Experienced rapid changes in your mood(s)?	☐	☐	☐	☐	☐
18. Experienced lack of self-confidence?	☐	☐	☐	☐	☐
19. Felt anxious?	☐	☐	☐	☐	☐
20. Felt restless?	☐	☐	☐	☐	☐
21. Had difficulty controlling your temper?	☐	☐	☐	☐	☐
22. Felt you were not in control of your life?	☐	☐	☐	☐	☐
23. Felt frustrated?	☐	☐	☐	☐	☐
24. Felt you needed more help or support from other people?	☐	☐	☐	☐	☐
25. Experienced difficulty seeing your friends?	☐	☐	☐	☐	☐
26. Had difficulty taking part in social activities (e.g. going out for a meal)?	☐	☐	☐	☐	☐
27. Felt on your own or isolated?	☐	☐	☐	☐	☐

Please indicate how satisfied you feel overall with your life at the moment by putting a cross on the line between 0 and 100.



Extremely dissatisfied with my life

Extremely satisfied with my life

Thank you very much for completing this questionnaire!