

The following questions ask about **how much** you have experienced certain things in the last two weeks; for example, freedom of choice and feelings of control in your life. If you have experienced these things an extreme amount circle the number next to “An extreme amount”. If you have not experienced these things at all, circle the number next to “Not at all”. You should circle one of the numbers in between if you wish to indicate your answer lies somewhere between “Not at all” and “Extremely”. **Questions refer to the last two weeks.**

F25.1 To what extent do impairments to your senses (e.g. hearing, vision, taste, smell, touch) affect your daily life?

Not at all	A little	A moderate amount	Very much	An extreme amount
1	2	3	4	5

F25.3 To what extent does loss of, for example, hearing, vision, taste, smell or touch affect your ability to participate in activities?

Not at all	A little	A moderate amount	Very much	An extreme amount
1	2	3	4	5

F26.1 How much freedom do you have to make your own decisions?

Not at all	A little	A moderate amount	Very much	An extreme amount
1	2	3	4	5