

Botes Quality of Life Tool (BQOL-T)
 Clinician Instruction Guide

If the person living with dementia is dependent on a paid or unpaid caregiver or family member, instruct the caregiver or loved one to complete this paper-based tool based on their personal perspective during the past week.

Questionnaire instructions:

Interviewer: *“This questionnaire contains 20 items. Answer each question that best represents your perspective from the past few weeks. There are no wrong answers, so try to answer with the first answer that comes to mind, as it generally is most accurate. Note that the acronym, PCD, stands for person with cognitive decline and relates to the individual that you are caring for. Please read the instructions at the top of the form and let me know if you have any questions”.*

Never = Not once

Rarely = Once a week maximum

Sometimes = A few times a week

Frequently = Several times a week

Nearly Always = Almost daily

*PCD = Person with Cognitive Decline

	Never	Rarely	Someti mes	Frequen tly	Nearly Always	Total score
Physical						
I have enough energy to complete all of my self-care tasks while taking care of my PCD.	0	1	2	3	4	
I get an adequate amount of sleep at night.	0	1	2	3	4	
I feel that my health has suffered since beginning to take care of my PCD.	4	3	2	1	0	

It is physically challenging to assist my PCD with daily activities such as dressing, eating or bathing.	4	3	2	1	0	
Safety						
I feel my safety is at risk when navigating the community with my PCD (doctor, church, shopping).	4	3	2	1	0	
I feel that my future is negatively impacted by my caregiver role.	4	3	2	1	0	
I feel confident leaving my PCD alone while I complete other tasks.	0	1	2	3	4	
I feel safe around my PCD.	0	1	2	3	4	
Social						
I am able to do things related to my interests, hobbies, or talents.	0	1	2	3	4	
It is difficult to maintain meaningful social interactions (for example spending time with friends, dining out, or going to church).	4	3	2	1	0	
I feel valuable in the role I play with my PCD.	0	1	2	3	4	

The support or resources needed to take care of my PCD are limited.	4	3	2	1	0	
Psychological						
I feel negative emotions towards my PCD (for example, anger, resentment, or guilt).	4	3	2	1	0	
I feel confident managing the tasks needed for my PCD (for example home, medications, finances).	0	1	2	3	4	
I feel overwhelmed by the task of caring for my PCD (fear of falling, fear of malnutrition, hydration, etc.).	4	3	2	1	0	
I have joyful connections with my PCD.	0	1	2	3	4	
Self-expression						
I can ask for help when I need it.	0	1	2	3	4	
I struggle to participate in activities I used to enjoy.	4	3	2	1	0	
I feel that I have lost my autonomy or independence since taking care of my PCD.	4	3	2	1	0	
I am able to express my personal beliefs and values towards my PCD.	0	1	2	3	4	
Total Score						/80

Scoring Instructions:

Add the total per construct and place the number in the appropriate box. Then add each of the five construct to get the total score. Use the scoring tool below to determine the final quality of life score.

Scoring Tool (circle one)

0-20 Very Poor quality of life

21-40 Poor quality of life

41-60 Fair quality of life

61-80 Good quality of life

Construct(s) of Concern:
