

Birmingham Response to IVIG/immunomodulatory treatment (BRIT) questionnaire**Name and hospital number (or Addressograph)****Date** _____**Time** _____**Diagnosis** _____**Consultant** _____**1. Is this your first IVIg infusion for this diagnosis?**a. **Yes** - Please go to Question 6b. **No** - Please go to Question 2**2. Date of last IVIg infusion (before this course, if you are currently receiving one)**

3. When was your first IVIg infusion (approximate month/year)?

4. How many IVIg infusions (approximately) have you had in total?

5. What is the (approximate) frequency of your IVIg infusions?

Please use this box to write any comments about your diagnosis or treatment, if you wish to do so.

For any queries, please contact the nurse-in-charge of the ward or the responsible Consultant

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Functional ability score. Please use this scoring system to answer questions 6 to 10.
Please circle the appropriate number.

0 - No symptoms.

1 - No significant disability. Able to carry out all usual activities, despite some symptoms.

2 - Slight disability. Able to look after own affairs without assistance, but unable to carry out all previous activities.

3 - Moderate disability. Requires some help, but able to walk unassisted.

4 - Moderately severe disability. Unable to attend to own bodily needs without assistance, and unable to walk unassisted.

5 - Severe disability. Requires constant nursing care and attention, bedridden, incontinent.

6. What was your best functioning ability in the last three months or since the last IVIG, if this is not your first infusion (Please refer to box above)?

0 1 2 3 4 5

7. When were you at the best functioning ability (as mentioned in question 6)?

8. What was your worst functioning ability in the last three months or since the last IVIG, if this is not your first infusion (Please refer to box above)?

0 1 2 3 4 5

9. When were you at the worst functioning ability (as mentioned in question 8)?

10. What is your current functioning ability score (Please refer to box, above)?

0 1 2 3 4 5

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11. As of today, how satisfied are you with the following? Please tick the appropriate column. Please answer each item, even if this does not apply to you at this time (i.e. assume how you would have been, if this activity would have been relevant).

	Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
	7	6	5	4	3	2	1
Material comforts, home, financial security							
Health – being physically fit and vigorous							
Relationship with parents and siblings							
Having and looking after children							
Close relationship with spouse/partner							
Relationship with friends							
Helping and encouraging others, giving advice							
Participating in organizations and public affairs							
Learning – acquiring new knowledge							
Understanding your strengths and weaknesses							
Work – job or in home							
Expressing yourself creatively							
Socializing – meeting other people, doing things							
Entertainment – reading, listening to music etc							
Participating in active recreation							
Independence – doing for yourself							

Max score – 112 (higher score shows better QoL)

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