

Name:

Date:

Every day we perform many tasks that require mental effort, also known as cognition. During to course of our lives we may experience difficulties with these mental effort or cognitive tasks. The following is a list of activities that you may perform as part of your life.

Please **CIRCLE** the number which best describes how much mental or cognitive difficulty you generally have doing each of the following activities. If the activity does not apply to you (for example, you have never done this activity) please circle N/A.

<b>Part 1: How much cognitive or mental difficulty do you have in doing the following tasks?</b>	<b>NO mental or cognitive difficulty</b>	<b>SOME mental or cognitive difficulty</b>	<b>MUCH mental or cognitive difficulty</b>	<b>UNABLE to do</b>	<b>Not Applicable (N/A)</b>
1. Getting ready in the morning	1	2	3	4	9
2. Finding items on a crowded shelf or closet	1	2	3	4	9
3. Organizing closets / shelves / draws	1	2	3	4	9
4. Planning and preparing meals	1	2	3	4	9
5. Household tasks (organizing laundry )	1	2	3	4	9
6. Shopping (buying what you need, making decisions, finding items)	1	2	3	4	9
7. Organizing and scheduling own daily activities and errands	1	2	3	4	9
8. Planning / choosing what to wear	1	2	3	4	9
9. Reading newspapers / magazines	1	2	3	4	9
10. Reading books	1	2	3	4	9
11. Searching for information (on internet, library, etc)	1	2	3	4	9
12. Expressing your thoughts	1	2	3	4	9
13. Following a conversation	1	2	3	4	9
14. Participating in group discussions	1	2	3	4	9

<b>How much mental or cognitive difficulty do you have in doing the following tasks?</b>	<b>NO mental or cognitive difficulty</b>	<b>SOME mental or cognitive difficulty</b>	<b>MUCH mental or cognitive difficulty</b>	<b>UNABLE to do</b>	<b>Not Applicable (N/A)</b>
15. Composing a letter or report	1	2	3	4	9
16. Planning social arrangements with family, friends or for children					
17. Participating in social activities with others	1	2	3	4	9
18. Participating in recreational activities, leisure, hobbies	1	2	3	4	9
19. Crossing a busy street	1	2	3	4	9
20. Driving a car	1	2	3	4	9
21. Operating a bank machine	1	2	3	4	9
22. Completing applications and forms	1	2	3	4	9
23. Fixing / Repairing things	1	2	3	4	9
24. Finding your way in unfamiliar environments	1	2	3	4	9
25. Math / calculations	1	2	3	4	9
26. Organizing and managing finances	1	2	3	4	9
27. Paying bills	1	2	3	4	9
28. Following written directions	1	2	3	4	9

<b>Part 2: How much difficulty do you have with the following ?</b>	<b>NO difficulty</b>	<b>SOME difficulty</b>	<b>MUCH difficulty</b>	<b>UNABLE to do</b>	<b>Not Applicable</b>
29. Remembering things you need to do during the day	1	2	3	4	9
30. Keeping track of appointments	1	2	3	4	9
31. Keeping track of where things are	1	2	3	4	9
32. Keeping track of time	1	2	3	4	9
33. Screening out irrelevant background noises or thoughts while engaging in a task	1	2	3	4	9
34. Resuming an activity without difficulty after being interrupted	1	2	3	4	9
35. Prioritizing tasks	1	2	3	4	9
36. Maintaining focus on a task	1	2	3	4	9
37. Switching easily from one task to another	1	2	3	4	9
38. Accomplishing tasks within a reasonable time frame	1	2	3	4	9
39. Responding quickly to situations when necessary	1	2	3	4	9
40. Stopping and starting activities without difficulty	1	2	3	4	9
41. Performing daily activities at a normal speed	1	2	3	4	9
42. Understanding new information	1	2	3	4	9
43. Attending to all aspects of a task or situation without missing information	1	2	3	4	9
44. Handling complex tasks that include keeping track of a lot of information at once	1	2	3	4	9
45. Approaching tasks in an organized and efficient way	1	2	3	4	9

How much difficulty do you have with the following ?	NO difficulty	SOME difficulty	MUCH difficulty	UNABLE to do	Not Applicable (N/A)
46. Planning and thinking ahead	1	2	3	4	9
47. Seeking out and investigating information when needed	1	2	3	4	9
48. Solving problems without difficulty	1	2	3	4	9
49. Managing multiple step tasks	1	2	3	4	9
50. Adjusting easily to unexpected changes	1	2	3	4	9
51. Taking initiative to start a new activity or project	1	2	3	4	9
52. Learning new factual information	1	2	3	4	9

**As you look over the Part 1 and Part 2 above, Please place an \* next to the 5 activities or areas that are most important to you or that you are most concerned about.**

**If you wish to tell us any more about any of the above tasks or areas, please do so in the space below.  
(NOT REQUIRED)**

**Part 3: Daily Living Questionnaire**

**Please circle the choice which best describes how you would answer the question.**

**1) How would you rate your overall ability to think?**

- a) Excellent
- b) Very good
- c) Good
- d) Fair
- e) Poor

**2) How would you rate your overall ability to function?**

- a) Excellent
- b) Very good
- c) Good
- d) Fair
- e) Poor

**3) Since your injury/illness how much have your roles/responsibilities within your household changed?**

- a) Not at all
- b) Slightly
- c) Moderately
- d) Significantly
- e) Completely

**4) Since your injury/illness, how much have your roles/responsibilities within your community and/or work changed?**

- a) Not at all
- b) Slightly
- c) Moderately
- d) Significantly
- e) Completely

**5) Since your injury/illness, how satisfied are you with your ability to do what you need to do in your daily life?**

- a) Satisfied
- b) Somewhat satisfied
- c) Neither satisfied nor dissatisfied
- d) Somewhat dissatisfied
- e) Dissatisfied

**6) Since your injury/illness how satisfied are you with your ability to do what you want to do in your daily life?**

- a) Satisfied
- b) Somewhat satisfied
- c) Neither satisfied nor dissatisfied
- d) Somewhat dissatisfied
- e) Dissatisfied

**7) How much has your injury/illness changed your life?**

- a) Not at all
- b) Slightly
- c) Moderately
- d) Significantly
- e) Completely

## Scoring for Part I and 2

### Part 1 - Activity Limitations and Participation Restrictions: 4 Subscales

1. Household Tasks: Items 1 to 8
2. Activities involving language/comprehension/ expression: Items - 9 to 15
3. Community/ Participation: Items - 16 to 21
4. Complex Tasks: Items 22-28

### Part 2 Everyday Cognitive Symptoms: 2 Subscales

1. Memory: Items 29 to 32
2. EF Monitoring: Items 33 -41
3. EF (working memory, multi-tasking, organization): Items 42-52

**Total the number of items answered within each subscale separately (do not include any NA items). Divide by the number of items that were answered within each subscale to obtain the average rating for each subscale.**

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*Additional Research on the DLQ across different populations is encouraged*

**Optional Supplemental Therapist Rating Form to DLQ-R**

The therapist interviews the client after the DLQ-R and asks them specific questions regarding the tasks or areas which they had previously identified as most important or of greatest concern. These areas/ tasks are listed below and the client is asked to rate both frequency of difficulty, and desire for change. The client is also asked to provide a specific example of difficulty for each of these areas,

Most Important Areas ACTIVITY/ Tasks/ areas (CLIENT)	HOW FREQUENTLY IS DIFFICULTY ENCOUNTERED?					Desire for Change 1= little, 2=some, 3=much	Provide Example
	<1 time a month	2-3 times a month	1 or 2 times a week	Several Times a week	Daily		
						<b>1 2 3</b>	
						<b>1 2 3</b>	
						<b>1 2 3</b>	
						<b>1 2 3</b>	
						<b>1 2 3</b>	
						<b>1 2 3</b>	