Supplementary materials 1

Data collection and instruments

Translation process of the QOLIE-31 (Version 1.0): First it was forward translated by two professional translators (a nurse and university lecturer, and a philologist and university lecturer with knowledge of medical English). The two separate forms were then combined into one after consultation with a third expert (a nurse and university lecturer). The resulting form was back translated by two academics who knew both languages (English and Slovak) very well. The items of the QOLIE-31 questionnaire were compared and checked one by one for compatibility, and no semantic change was detected. The final version was edited by an academic teaching the English language (Mandysová, 2020).

Data analysis

Descriptive analysis methods were used: absolute (*N*) and relative (%) frequencies, arithmetic mean (M), standard deviation (SD), and minimum (min.) and maximum (max.) values. They were calculated for selected variables.

According to Hajdúk (2020), the results of the coefficient were interpreted as follows: excellent ($\alpha > 0.9$), good ($\alpha = 0.8–0.9$), questionable ($\alpha = 0.6–0.7$), weak ($\alpha = 0.5–0.6$), unacceptable ($\alpha < 0.5$).

Pearson's coefficient is a dimensionless number whose value ranges from –1 to +1. A value toward –1 indicates an inverse or negative relationship, whereas a value toward +1 indicates a positive relationship (Kumari and Yadav, 2018). The higher the value of the coefficient — and the closer it is to 1 – the stronger the relationship between the variables, and the more positive the relationship between them (direct proportionality). If the values of the *R* coefficient are lower and, at the same time, become negative, this indicates that the strength of the relationship is lower and that there is a negative relationship (inverse proportion) between the individual variables. The interpretation of the strength of correlation is as follows: $r = 0.91–1.00$ – a very high positive correlation; $r = 0.71–0.90$ – a high positive correlation; $r = 0.51–0.70$ – positive moderate correlation; $r = 0.31–0.50$ – positive low correlation; $r = 0.01–0.30$ – positive very low correlation or no correlation (Dušek et al., 2019a, b).

We realized *post hoc* power analysis that the sample consisted of $N = 134$ respondents/observations (total df = 133) with m = 5 predictors (variables). According to a widely cited rule of thumb for multiple linear regression (Green, 1991), testing the overall model (multiple correlation *R*) requires a minimum sample size of $N \geq 50 + 8 \times m$, which for five predictors (variables) corresponds to $N \geq 90$; testing individual (partial) coefficients requires a recommended sample size of $N \geq 104 + m$, it is $N \geq 109$.

For regression analysis, the JASP statistical software was used (Love et al., 2019). We compared a null model (M0) with a model containing all five predictors entered simultaneously (M1; Enter method). The Enter method estimates the unique (partial) contribution of each predictor while statistically controlling for all other predictors in the model. This method is chosen when there is no clear theoretical rationale for the order in which variables should enter the model, or when the goal of the analysis is to determine both the joint and the unique contribution of a predefined set of predictors. The significance of the model as a whole was tested using an *F*-test (ANOVA table), which evaluates whether model M1 explains statistically significantly more variance in QoL than model M0. In this context, we calculated the multiple correlation coefficient (Pearson's correlation coefficient, *R*), the coefficient of determination (R^2), adjusted R^2 coefficient (adj. R^2), the *F*-test value (*F*), and degrees of freedom (df–df1, df2). We then analysed the empirical data by calculating SPSS variables, including unstandardized coefficients (constant and the unstandardized regression coefficient B, standard error SE of the coefficient B), the standardized coefficient (Beta, β), and Student's *t*-test for testing hypotheses. The data were tested at a 5% significance level ($p \leq 0.05$) (Kumari and Yadav, 2018; Love et al., 2019).

Supplementary materials 2

Results of concurrent validity of the QOLIE-31 (Version 1.0) are shown in Table S1.

Table S1. Concurrent validity of the QOLIE-31 (Version 1.0)

Variable	Overall quality of life	Energy/ Fatigue	Emotional well-being	Seizure Worry	Cognitive function	Medication effects	Social function
Overall quality of life	–						
Energy/ Fatigue	$r = 0.661^{**}$	–					
Emotional well-being	$r = 0.668^{**}$	$r = 0.596^{**}$	–				
Seizure Worry	$r = 0.636^{**}$	$r = 0.271^{**}$	$r = 0.378^{**}$	–			
Cognitive function	$r = 0.857^{**}$	$r = 0.471^{**}$	$r = 0.409^{**}$	$r = 0.409^{**}$	–		
Medication effects	$r = 0.576^{**}$	$r = 0.397^{**}$	$r = 0.377^{**}$	$r = 0.387^{**}$	$r = 0.408^{**}$	–	
Social function	$r = 0.784^{**}$	$r = 0.372^{**}$	$r = 0.384^{**}$	$r = 0.545^{**}$	$r = 0.552^{**}$	$r = 0.421^{**}$	–

Note: r – Pearson's correlation coefficient, ** $p \leq 0.001$