Quality of Life Assessment

This assessment asks how you feel about your quality of life, health, and other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response. Please keep in mind your standards, hopes, pleasures and concerns. Please read the question, assess your feelings, for the last two weeks, and select the number on the scale for each question that gives the best answer for you.

How would you rate your quality of life?

- ◯ 1 – Very poor
- ◯ 2 – Poor
- ◯ 3 – Neither poor nor good
- ◯ 4 – Good
- ◯ 5 – Very good

How satisfied are you with your health?

- ◯ 1 – Very dissatisfied
- ◯ 2 – Fairly dissatisfied
- ◯ 3 – Neither satisfied nor dissatisfied
- ◯ 4 – Satisfied
- ◯ 5 – Very satisfied

The following questions ask about how much you have experienced certain things in the last two weeks.

To what extent do you feel that physical pain prevents you from doing what you need to do?

- ◯ 1 – Not at all
- ◯ 2 – A small amount
- ◯ 3 – A moderate amount
- ◯ 4 – A great deal
- ◯ 5 – An extreme amount

How much do you need any medical treatment to function in your daily life?

- ◯ 1 – Not at all
- ◯ 2 – A small amount
- ◯ 3 – A moderate amount
- ◯ 4 – A great deal
- ◯ 5 – An extreme amount

How much do you enjoy life?

- ◯ 1 – Not at all
- ◯ 2 – A small amount
- ◯ 3 – A moderate amount
- ◯ 4 – A great deal
- ◯ 5 – An extreme amount

To what extent do you feel your life to be meaningful?

- ◯ 1 – Not at all
- ◯ 2 – A small amount
- ◯ 3 – A moderate amount
- ◯ 4 – A great deal
- ◯ 5 – An extreme amount

How well are you able to concentrate?

- ◯ 1 – Not at all
- ◯ 2 – Slightly
- ◯ 3 – Moderately
- ◯ 4 – Very
- ◯ 5 – Extremely

How safe do you feel in your daily life?

- ◯ 1 – Not at all
- ◯ 2 – Slightly
- ◯ 3 – Moderately
- ◯ 4 – Very
- ◯ 5 – Extremely

How healthy is your physical environment?

- ◯ 1 – Not at all
- ◯ 2 – Slightly
- ◯ 3 – Moderately
- ◯ 4 – Very
- ◯ 5 – Extremely

Do you have enough energy for everyday life?

- ◯ 1 – Not at all
- ◯ 2 – Slightly
- ◯ 3 – Somewhat
- ◯ 4 – To a great extent
- ◯ 5 – Completely

Are you able to accept your bodily appearance?

- ◯ 1 – Not at all
- ◯ 2 – Slightly
- ◯ 3 – Somewhat
- ◯ 4 – To a great extent
- ◯ 5 – Completely

Have you enough money to meet your needs?

- ◯ 1 – Not at all
- ◯ 2 – Slightly
- ◯ 3 – Somewhat
- ◯ 4 – To a great extent
- ◯ 5 – Completely

How available to you is the information you need in your daily life?

- ◯ 1 – Not at all
- ◯ 2 – Slightly
- ◯ 3 – Somewhat
- ◯ 4 – To a great extent
- ◯ 5 – Completely

To what extent do you have the opportunity for leisure activities?

- ◯ 1 – Not at all
- ◯ 2 – Slightly
- ◯ 3 – Somewhat
- ◯ 4 – To a great extent
- ◯ 5 – Completely

How well are you able to get around physically?

- ◯ 1 – Not at all
- ◯ 2 – Slightly
- ◯ 3 – Moderately
- ◯ 4 – Very
- ◯ 5 – Extremely

The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.

How satisfied are you with your sleep?

- ◯ 1 – Very dissatisfied
- ◯ 2 – Fairly dissatisfied
- ◯ 3 – Neither satisfied nor dissatisfied
- ◯ 4 – Satisfied
- ◯ 5 – Very satisfied

How satisfied are you with your ability to perform your daily living activities?

- ◯ 1 – Very dissatisfied
- ◯ 2 – Fairly dissatisfied
- ◯ 3 – Neither satisfied nor dissatisfied
- ◯ 4 – Satisfied
- ◯ 5 – Very satisfied

How satisfied are you with your capacity for work?

- ◯ 1 – Very dissatisfied
- ◯ 2 – Fairly dissatisfied
- ◯ 3 – Neither satisfied nor dissatisfied
- ◯ 4 – Satisfied
- ◯ 5 – Very satisfied

How satisfied are you with yourself?

- ◯ 1 – Very dissatisfied
- ◯ 2 – Fairly dissatisfied
- ◯ 3 – Neither satisfied nor dissatisfied
- ◯ 4 – Satisfied
- ◯ 5 – Very satisfied

How satisfied are you with your personal relationships?

- ◯ 1 – Very dissatisfied
- ◯ 2 – Fairly dissatisfied
- ◯ 3 – Neither satisfied nor dissatisfied
- ◯ 4 – Satisfied
- ◯ 5 – Very satisfied

How satisfied are you with your sex life?

- ◯ 1 – Very dissatisfied
- ◯ 2 – Fairly dissatisfied
- ◯ 3 – Neither satisfied nor dissatisfied
- ◯ 4 – Satisfied
- ◯ 5 – Very satisfied

How satisfied are you with the support you get from your friends?

- ◯ 1 – Very dissatisfied
- ◯ 2 – Fairly dissatisfied
- ◯ 3 – Neither satisfied nor dissatisfied
- ◯ 4 – Satisfied
- ◯ 5 – Very satisfied

How satisfied are you with the conditions of your living place?

- ◯ 1 – Very dissatisfied
- ◯ 2 – Fairly dissatisfied
- ◯ 3 – Neither satisfied nor dissatisfied
- ◯ 4 – Satisfied
- ◯ 5 – Very satisfied

How satisfied are you with your access to health services?

- ◯ 1 – Very dissatisfied
- ◯ 2 – Fairly dissatisfied
- ◯ 3 – Neither satisfied nor dissatisfied
- ◯ 4 – Satisfied
- ◯ 5 – Very satisfied

How satisfied are you with your transport?

- ◯ 1 – Very dissatisfied
- ◯ 2 – Fairly dissatisfied
- ◯ 3 – Neither satisfied nor dissatisfied
- ◯ 4 – Satisfied
- ◯ 5 – Very satisfied

The following question refers to how often you have felt or experienced certain things in the last two weeks.

How often do you have negative feelings such as blue mood, despair, anxiety or depression?

- ◯ 1 – Never
- ◯ 2 – Infrequently
- ◯ 3 – Sometimes
- ◯ 4 – Frequently
- ◯ 5 – Always