

WHO Quality of Life Scale-Brief

Before we begin we would like to ask you to answer a few general questions about yourself by circling in the correct answer or by filling in the space provided.

Instructions: This questionnaire asks how you feel about your quality of life, health, or other areas of your life. Please answer all of 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 standards, hopes, pleasures, and concerns.

Do you get the kind of support

from others that you need?

	A little	Moderately	Mostly	Completely
1	2	3	4	5

You should circle the number that best fits how much support you got from others over the last two weeks. So, for example, you might circle the number 4 if you got a great deal of support from others.

Do you get the kind of support

from others that you need?

(Please circle the number)				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

Do you get the kind of support from others that you need?

(Please circle the number)				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

Please read each question, assess your feelings, and circle the number on the scale that gives the best answer for you for each question.

For Office Use
G1/G1.1

1. How would you rate your quality of life?

(Please circle the number)				
Very poor	Poor	Neither poor nor good	Good	Very Good
1	2	3	4	5

For Office Use
G4/G2.3

2. How satisfied are you with your health?

(Please circle the number)				
Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
1	2	3	4	5

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

For Office Use
F1.4/F1.2.5

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

(Please circle the number)				
Not at all	A little	A moderate amount	Very much	An extreme amount
1	2	3	4	5

For Office Use
F11.3/F13.1.4

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

1 2 3 4 5

For Office Use
F4.1/F6.1.2

5. How much do you enjoy life?

1 2 3 4 5

F24.2 /F29.1.3

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

1 2 3 4 5

F5.2 /F7.1.6

7. How well are you able to concentrate?

1 2 3 4 5

		(Please circle the number)				
		Never	Rarely	Moderately	Mostly	Always
		1	2	3	4	5
F16.1/F20.1.2	8. I ____ feel safe in my daily life					
F22.1/F27.1.2	9. My physical environment is _____ healthy	1	2	3	4	5
F2.1/F2.1.1	10. I _____ have enough energy for everyday life?	1	2	3	4	5
F7.1/F9.1.2	11. I am _____ pleased with my bodily appearance?	1	2	3	4	5
F18.1/F23.1.1	12. I _____ have enough money to meet my needs?	1	2	3	4	5
F20.1/F25.1.1	13. I _____ have the information that I need to live happily.	1	2	3	4	5
F21.1/F26.1.2	14. I _____ enjoy leisure activities?	1	2	3	4	5
F9.1/F11.1.1	15. I _____ travel to my desired destinations.	1	2	3	4	5
	I am _____ satisfied with my					
F3.3/F4.2.2	16. sleep	1	2	3	4	5
F10.3/F12.2.3	17. daily living activities.	1	2	3	4	5
F12.4/F16.2.1	18. work	1	2	3	4	5
F12.4/F16.2.1	19. work capacity	1	2	3	4	5
F6.4/F8.2.2	20. myself in general	1	2	3	4	5
F13.3/F17.2.3	21. my personal relationships	1	2	3	4	5
F15.3/F3.2.1	22. Sex life					
F14.4/F18.2.5	23. Support from friends					

Strongly Disagree	Disagree
(1)	

<i>(Please circle the number)</i>				
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied

1 **2** **3** **4** **5**

19. my home?

1 **2** **3** **4** **5**

1 **2** **3** **4** **5**

1 **2** **3** **4** **5**

1 **2** **3** **4** **5**

1 **2** **3** **4** **5**

24. your health care?

1 **2** **3** **4** **5**

25. your transportation?

1 **2** **3** **4** **5**

<i>(Please circle the number)</i>				
Never	Seldom	Quite often	Very often	Always

1 **2** **3** **4** **5**

**26. How often do you have
negative feelings, such
as bad mood, despair,
anxiety, depression?**

Did someone help you to fill out
this form? *(Please circle Yes or No)*

Yes

No

How long did it take you to fill out this form?

_____minutes

