WHO Quality of Life Scale-Brief

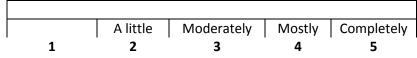
Before we begin we would like to ask you to answer	a few general questions about yourself by circling in
the correct answer or by filling in the space provided	d.

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?



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 Complete							
•	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	Neither poor	Good	Very			
poor		nor good		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 Neutral Satisfied Very dissatisfied satisfied								
	1	2	3	4	5			

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

	weeks.					
			(Ple	ease circle the nur	nber)	
		Not at	A little	A moderate	Very	An
		all		amount	much	extreme
						amount
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?	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		
F16.1/F20.1.2	8. I feel safe in my daily life	1	2	3	4	5		
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	Strong Disagr		
	I am satisfied with my					(1)		
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							

		(Please circle the number)						
		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		
F17.3/F21.2.2		1	2	3	4	5		
F19.3/F24.2.1	24. your health care?	1	2	3	4	5		
F23.3/F28.2.2	25. your transportation?	1	2	3	4	5		
F8.1/F10.1.2								
		Never	(<i>Pleas</i> Seldom	se circle the number Quite often	er) Very	Always		
		Tieve:	Seideill	Quite offeri	often	, and ye		
	26. How often do you have negative feelings, such as bad mood, despair, anxiety, depression?	1	2	3	4	5		
	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							