

## Instructions

This questionnaire asks how you feel about your quality of life, health, or 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. We ask that you think about your life in the last two weeks. For example, thinking about the last two weeks, a question might ask:

	(Please circle the number)				
For office use	Not at all	A little	Moderately	Mostly	Completely
Do you get the kind of support from others that you need?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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

	(Please circle the number)				
For office use	Not at all	A little	Moderately	Mostly	Completely
Do you get the kind of support from others that you need?	<b>1</b>	<b>2</b>	<b>3</b>	<b>④</b>	<b>5</b>

You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks. o

	(Please circle the number)				
For office use	Not at all	A little	Moderately	Mostly	Completely
Do you get the kind of support from others that you need?	<b>①</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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

		<i>(Please circle the number)</i>						
		Very poor	Poor	Neither poor nor good	Good	Very Good		
<i>For office use</i>	G1 / G1.1	1.	How would you rate your quality of life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		<i>(Please circle the number)</i>						
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied		
<i>For office use</i>	G4 / G2.3	2.	How satisfied are you with your health?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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

		<i>(Please circle the number)</i>						
		Not at all	A little	A moderate amount	Very much	An extreme amount		
<i>For office use</i>	F1.4 / F1.2.5	3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>For office use</i>	F11.3 / F13.1.4	4.	How much do you need any medical treatment to function in your daily life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<i>For office use</i>	F4.1 / F6.1.2	5.	How much do you enjoy life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		<i>(Please circle the number)</i>				
<i>For office use</i>		Not at all	A little	A moderate amount	Very much	An extreme amount
F24.2 / F29.1.3	6. To what extent do you feel your life to be meaningful?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		<i>(Please circle the number)</i>				
<i>For office use</i>		Not at all	Slightly	A Moderate amount	Very much	Extremely
F5.2 / F7.1.6	7. How well are you able to concentrate?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F16.1 / F20.1.2	8. How safe do you feel in your daily life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F22.1 / F27.1.2	9. How healthy is your physical environment?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

		<i>(Please circle the number)</i>				
<i>For office use</i>		Not at all	A little	Moderately	Mostly	Completely
F2.1 / F2.1.1	10. Do you have enough energy for everyday life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F7.1 / F9.1.2	11. Are you able to accept your bodily appearance?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F18.1 / F23.1.1	12. Have you enough money to meet your needs?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		<i>(Please circle the number)</i>				
		Not at all	A little	Moderately	Mostly	Completely
<i>For office use</i> F20.1 / F25.1.1	13. How available to you is the information that you need in your day-to-day life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F21.1 / F26.1.2	14. To what extent do you have the opportunity for leisure activities?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		<i>(Please circle the number)</i>				
		Very poor	Poor	Neither poor nor well	Well	Very well
<i>For office use</i> F9.1 / F11.1.1	15. How well are you able to get around?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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.

		<i>(Please circle the number)</i>				
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
<i>For office use</i> F3.3 / F4.2.2	16. How satisfied are you with your sleep?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F10.3 / F12.2.3	17. How satisfied are you with your ability to perform your daily living activities?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F12.4 / F16.2.1	18. How satisfied are you with your capacity for work?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

		<i>(Please circle the number)</i>				
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
<i>For office use</i>						
F6.4 / F8.2.2	19. How satisfied are you with yourself?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F13.3 / F17.2.3	20. How satisfied are you with your personal relationships?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F15.3 / F3.2.1	21. How satisfied are you with your sex life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F14.4 / F18.2.5	22. How satisfied are you with the support you get from your friends?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F17.3 / F21.2.2	23. How satisfied are you with the conditions of your living place?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F19.3 / F24.2.1	24. How satisfied are you with your access to health services?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
F.23.3 / F28.2.2	25. How satisfied are you with your mode of transportation?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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

		<i>(Please circle the number)</i>				
<i>For office use</i>		Never	Seldom	Quite often	Very often	Always
F8.1 / F10.1.2	26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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

Yes

No

How long did it take to fill out this form?

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**THANK YOU FOR YOUR HELP**