

World Health Organization

WHOQoL – BREF Australian Version (May 2000)

Quality Of Life Assessment*

Instructions

This assessment asks how you feel about your quality of life, health, and other areas of your life. Please answer all the questions. If 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.

Example:

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



*You would circle the number 4 if in the last two weeks you got a great deal of support from others.
If you are filling in this form on a computer, click the number 4 button.*

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



*If you did not get any of the support from others that you needed in the last two weeks you would circle 1.
If you are filling in this form on a computer, click the number 1 button.*

Thank you for your help.

* This document has been formatted by icare to enable completion by hand or electronically for use in 'My Plan'.

This form is not sent to icare - provide the raw and transformed scores on My Plan module A7 - Well being and quality of life.

Worker name

Date

Please read each question and assess your feelings, for the **last two weeks**, and circle the number on the scale for each question that gives the best answer for you. If you're filling in this form on a computer, click the right button.

1. How would you rate your quality of life?



2. How satisfied are you with your health?



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

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



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



5. How much do you enjoy life?



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



The assessment continues on the next page.

7. How well are you able to concentrate?

1 — 2 — 3 — 4 — 5
NOT AT ALL SLIGHTLY MODERATELY VERY EXTREMELY

8. How safe do you feel in your daily life?

1 — 2 — 3 — 4 — 5
NOT AT ALL SLIGHTLY MODERATELY VERY EXTREMELY

9. How healthy is your physical environment?

1 — 2 — 3 — 4 — 5
NOT AT ALL SLIGHTLY MODERATELY VERY EXTREMELY

10. Do you have enough energy for every day life?

1 — 2 — 3 — 4 — 5
NOT AT ALL SLIGHTLY SOMEWHAT TO A GREAT EXTENT COMPLETELY

11. Are you able to accept your bodily appearance?

1 — 2 — 3 — 4 — 5
NOT AT ALL SLIGHTLY SOMEWHAT TO A GREAT EXTENT COMPLETELY

12. Have you enough money to meet your needs?

1 — 2 — 3 — 4 — 5
NOT AT ALL SLIGHTLY SOMEWHAT TO A GREAT EXTENT COMPLETELY

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

1 — 2 — 3 — 4 — 5
NOT AT ALL SLIGHTLY SOMEWHAT TO A GREAT EXTENT COMPLETELY

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

1 — 2 — 3 — 4 — 5
NOT AT ALL SLIGHTLY SOMEWHAT TO A GREAT EXTENT COMPLETELY

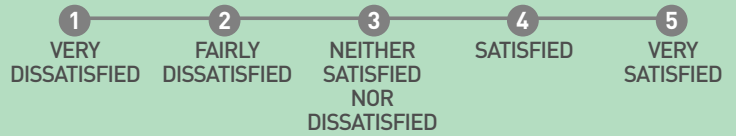
15. How well are you able to get around physically?

1 — 2 — 3 — 4 — 5
NOT AT ALL SLIGHTLY MODERATELY VERY EXTREMELY

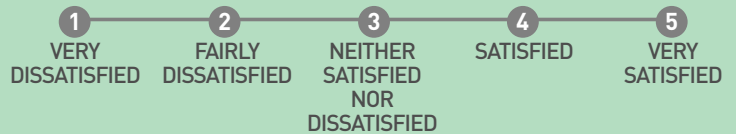
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The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks.

16. How satisfied are you with your sleep?



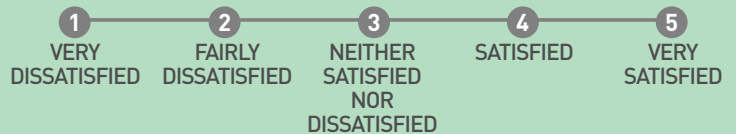
17. How satisfied are you with your ability to perform your daily living activities?



18. How satisfied are you with your capacity for work?



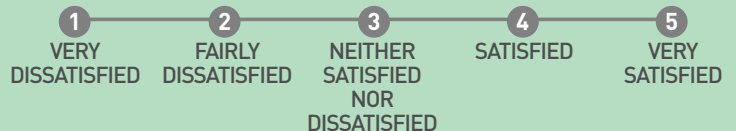
19. How satisfied are you with yourself?



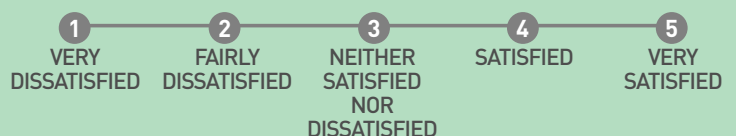
20. How satisfied are you with your personal relationships?



21. How satisfied are you with your sex life?

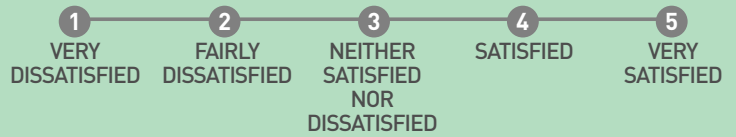


22. How satisfied are you with the support you get from your friends?

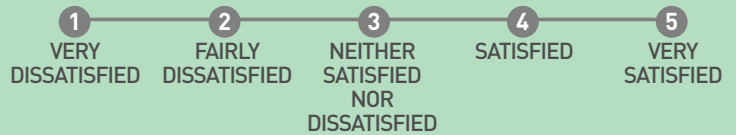


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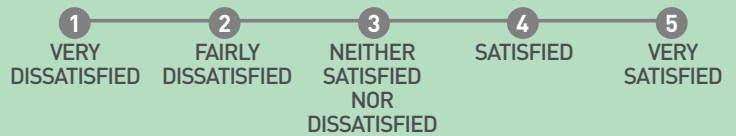
23. How satisfied are you with the conditions of your living place?



24. How satisfied are you with your access to health services?



25. How satisfied are you with your transport?



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



Thank you for your time.