

## ABOUT YOU

Before you begin, we would like to ask you to answer a few general questions about yourself. Please answer by putting a cross like this **X** in the box beside the correct answer OR write in the space provided.

**Name:** ..... *and / or ID Number:* .....  
*(For office use only)*

**Gender**      Male                                            Female                     

**Age**                      (in years)                                            **Date of Birth**                          
*(dd / mm / yy)*

**Marital status:** *Select the one that best describes your current situation*

Single	<input type="checkbox"/>	Separated	<input type="checkbox"/>
Married	<input type="checkbox"/>	Divorced	<input type="checkbox"/>
Living with Partner	<input type="checkbox"/>	Widowed	<input type="checkbox"/>

**Home location:** (name of village / town / city): ..... **Post Code:** .....

**Living circumstances & support:** *Select the one that best describes your situation*

Living at home - no support required	<input type="checkbox"/>
Living at home with support from unpaid carers (e.g. partner, family, friends)	<input type="checkbox"/>
Living at home with support from paid carers	<input type="checkbox"/>
Living in community care / sheltered housing supported by staff	<input type="checkbox"/>
Living in a residential care home / nursing home	<input type="checkbox"/>
Living in a long-stay hospital	<input type="checkbox"/>
Other (please tell us what).....	<input type="checkbox"/>

**Education:** *What is the highest level of education you received?*

None at all	<input type="checkbox"/>
Special school	<input type="checkbox"/>
Primary school	<input type="checkbox"/>
Secondary school / High school	<input type="checkbox"/>
College / University	<input type="checkbox"/>
Other (please tell us what).....	<input type="checkbox"/>

**Health status:** *Are you currently ill or in poor health?*                      Yes                                            No                     

*If something is wrong with your health, what do you think it is?* .....  
 ..... illness / problem

**Disability status:** Do you believe you have a disability?

Yes  No

*If you believe you have a disability*, what do you think it is? .....

.....

How long have you had this disability?..... (years / months)

How visible is this disability? (Do you feel other people see or notice this disability?)

Not at all  A Little  Moderately  Mostly  Totally

How much does this disability affect your life?

Hardly at all  Mildly  Moderately  Severely  Profoundly

**Occupation:** What is your *main* occupation /daytime activity?

Paid employment	<input type="checkbox"/>
Voluntary employment (unpaid)	<input type="checkbox"/>
Unemployed, currently looking for work	<input type="checkbox"/>
Education (full-time or part-time)	<input type="checkbox"/>
Day hospital / Day centre	<input type="checkbox"/>
Home-based (e.g. homemaker, household duties etc)	<input type="checkbox"/>
Retired	<input type="checkbox"/>
None	<input type="checkbox"/>
Other (please tell us what).....	<input type="checkbox"/>

**Income:** Compared to other people in your country, how would you rate your *financial situation and possessions*?

Well above average	<input type="checkbox"/>
Slightly above average	<input type="checkbox"/>
Average	<input type="checkbox"/>
Slightly below average	<input type="checkbox"/>
Well below average	<input type="checkbox"/>

**Thank you for this information**

## INSTRUCTIONS




This assessment asks how you feel about your quality of life, health or other areas of your life. It is just about you – you and your life.

Please keep in mind **what is important to you**; what makes you happy; your hopes and dreams, and your worries or concerns.




**Please answer all the questions.** If you are unsure about which answer to give to a question - if it is hard to pick an answer - **please choose the one** that seems nearest or most appropriate. This can often be the first thing that comes into your mind. Some questions include an example to help you think about your answer.

There are no right or wrong answers – just answer what is true for you. Please think about your life **in the last two weeks**.

For example, thinking about the last two weeks, a question might ask:

<i>EXAMPLE</i>					
	Not at all	A Little	Moderately	Mostly	Totally
Do you get the kind of support from others that you need? <i>For example, do you get the kind of help you need from other people?</i>	1	2	3	4	5

In this item, the question has an example. You should circle the number that best fits your opinion about the kind of support (or help) you got from others over the last two weeks. So you would circle the number 2 if the support (or help) you got met your needs a little, as follows:

<i>EXAMPLE</i>					
	Not at all	A Little	Moderately	Mostly	Totally
Do you get the kind of support from others that you need? <i>For example, do you get the kind of help you need from other people?</i>	1	2	3	4	5

Alternatively, you would circle number 1 if the support you got over the last two weeks did not meet your needs at all.

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

You may find it helpful to look at the ‘smiley faces’ that add a visual guide (a picture) to the number scales for some items. These are available printed on separate cards also.

If you would like some help to write your answers on the form, it is OK to ask someone to do this for you.

Please think about your life **in the last two weeks**:

The first two questions ask about your life and health overall.

		Very poor	Poor	Neither poor nor good	Good	Very good
1G	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2G	How satisfied are you with your health?	1	2	3	4	5

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

		Not at all	A little	A moderate amount	Very much	An extreme amount
3	To what extent do you feel that (physical) pain prevents you from doing what you need to do?	1	2	3	4	5
4	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
5	How much do you enjoy life?	1	2	3	4	5
6	To what extent do you feel your life to be meaningful?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
7	How well are you able to concentrate?	1	2	3	4	5
8	How safe do you feel in your daily life?	1	2	3	4	5
9	How healthy is your physical environment?	1	2	3	4	5

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

		Not at all	A Little	Moderately	Mostly	Completely
10	Do you have enough energy for everyday life?	1	2	3	4	5
11	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5

		Not at all	A Little	Moderately	Mostly	Completely
13	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
15	How well are you able to get around?	1	2	3	4	5

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.




		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16	How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity for work?	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5
20	How satisfied are you with your personal relationships?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your transport?	1	2	3	4	5

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




		Never	Seldom	Quite often	Very often	Always
26	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1	2	3	4	5




## DISABILITIES MODULE




The next question asks about your disability overall.

						
		Not at all	A Little	Moderately	Mostly	Totally
27G	Does your disability have a negative (bad) effect on your day-to-day life?	1	2	3	4	5

The following questions ask about how you have felt about certain things, how much certain things have applied to you, and how satisfied you have been about various parts of your life over the last two weeks

						
		Not at all	A Little	Moderately	Mostly	Totally
28	Do you feel that some people treat you unfairly?	1	2	3	4	5
29	Do you need someone to stand up for you when you have problems?	1	2	3	4	5
30	Do you worry about what might happen to you in the future? <i>For example, thinking about not being able to look after yourself, or being a burden to others in the future.</i>	1	2	3	4	5

						
		Not at all	A Little	Moderately	Mostly	Totally
31	Do you feel in control of your life? <i>For example, do you feel in charge of your life?</i>	1	2	3	4	5
32	Do you make your own choices about your day-to-day life? <i>For example, where to go, what to do, what to eat.</i>	1	2	3	4	5
33	Do you get to make the big decisions in your life? <i>For example, like deciding where to live, or who to live with, how to spend your money.</i>	1	2	3	4	5
34	Are you satisfied with your ability to communicate with other people? <i>For example, how you say things or get your point across, the way you understand others, by words or signs.</i>	1	2	3	4	5
35	Do you feel that other people accept you?	1	2	3	4	5
36	Do you feel that other people respect you? <i>For example, do you feel that others value you as a person and listen to what you have to say?</i>	1	2	3	4	5

						
		Not at all	A Little	Moderately	Mostly	Totally
37	Are you satisfied with your chances to be involved in social activities? <i>For example, meeting friends, going out for a meal, going to a party etc.</i>	1	2	3	4	5
38	Are you satisfied with your chances to be involved in local activities? <i>For example, being part of what is happening in your local area or neighbourhood.</i>	1	2	3	4	5
39	Do you feel that your dreams, hopes and wishes will happen? <i>For example, do you feel you will get the chance to do the things you want, or get the things you wish for, in your life?</i>	1	2	3	4	5

**Do you have any comments about the questionnaire?**

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**THANK YOU FOR YOUR HELP**