

PLEASE WRITE IN

Participant ID#

TODAY'S DATE:
MM DD YY

PLEASE READ THIS CAREFULLY

On the following pages you will find questions concerning how you feel about your quality of life. Please answer all the questions on both sides of the pages.

Choose the response that applies best to you right now and circle the number of your answer.

If you are unsure about how to answer a question, please give the best answer you can.

There are no right or wrong answers.

Your answers will be kept strictly confidential.

Example:

	Not at all	A little	A moderate amount	Very much	An extreme amount
How much do you worry about your health ?	1	2	3	4	5

You should circle the number that best fits how much you have worried about your health over the last two weeks. So you would circle the number 4 if you worried about your health "very much", or circle number 1 if you have worried "Not at all" about your health. Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.

If you have any questions, please contact:

Jane Goodman
University of Washington
146North Canal St, Suite 310
Seattle, Wa 98103
(206) 543-2566

YOUR QUALITY OF LIFE

The following questions ask about **how much** you have experienced certain things in the last two weeks, for example, positive feelings such as happiness or contentment. If you have experienced these things an extreme amount circle the number next to "An extreme amount". If you have not experienced these things at all, circle the number below "Not at all". You should circle one of the numbers in between if you wish to indicate your answer lies somewhere between "Not at all" and "Extremely". Questions refer to the last two weeks.

		<i>(Please circle the number)</i>				
		Not at all	A little	A moderate amount	Very much	An extreme amount
F1.2/F1.2.1	Do you worry about your pain or discomfort?	1	2	3	4	5
F1.4/F1.2.5	To what extent do you feel that (physical) pain prevents you from doing what you need to do?	1	2	3	4	5
F3.2/F4.1.3	Do you have any difficulties with sleeping?	1	2	3	4	5
F3.4/F4.2.3	How much do any sleep problems worry you?	1	2	3	4	5
F4.4/F6.1.6	How much do you experience positive feelings in your life?	1	2	3	4	5
F6.1/F8.1.1	How much do you value yourself?	1	2	3	4	5
F6.2/F8.1.3	How much confidence do you have in yourself?	1	2	3	4	5
F8.3/F10.2.2	How much do any feelings of sadness or depression interfere with your everyday functioning?	1	2	3	4	5
F8.4/F10.2.3	How much do any feelings of depression bother you?	1	2	3	4	5
F10.2/F12.1.3	To what extent do you have difficulty in performing your routine activities?	1	2	3	4	5
F10.4/F12.2.4	How much are you bothered by any limitations in performing everyday living activities?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Not at all	A little	A moderate amount	Very much	An extreme amount
F11.2/F13.1.3	How much do you need any medication to function in your daily life?	1	2	3	4	5
F11.3/F13.1.4	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
F11.4/F13.2.2	To what extent does your quality of life depend on the use of medical substances or medical aids?	1	2	3	4	5
F16.3/F20.2.2	How much do you worry about your safety and security?	1	2	3	4	5
F7.3/F9.1.4	Is there any part of your appearance which makes you feel uncomfortable?	1	2	3	4	5
F18.2/F23.1.5	Do you have financial difficulties?	1	2	3	4	5
F18.4/F23.2.4	How much do you worry about money?	1	2	3	4	5
F17.4/F21.2.4	How much do you like it where you live?	1	2	3	4	5
F21.3/F26.2.2	How much do you enjoy your free time?	1	2	3	4	5
F22.2/F27.2.4	How concerned are you with the noise in the area you live in?	1	2	3	4	5
F23.2/F28.1.4	To what extent do you have problems with transport?	1	2	3	4	5
F23.4/F28.2.3	How much do difficulties with transport restrict your life?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Not at all	Slightly	Moderately	Very	Extremely
F1.3/F1.2.3	How difficult is it for you to handle any pain or discomfort?	1	2	3	4	5
F2.1/F2.1.3	How easily do you get tired?	1	2	3	4	5
F2.4/F2.2.4	How much are you bothered by fatigue?	1	2	3	4	5
F5.2/F7.1.6	How well are you able to concentrate?	1	2	3	4	5
F7.1/F9.1.3	Do you feel inhibited by your looks?	1	2	3	4	5
F8.2/F10.1.3	How worried do you feel?	1	2	3	4	5
F13.1/F17.1.3	How alone do you feel in your life?	1	2	3	4	5
F15.2/F3.1.2	How well are your sexual needs fulfilled?	1	2	3	4	5
F15.4/F3.2.3	Are you bothered by any difficulties in your sex life?	1	2	3	4	5
F16.1/F20.1.2	How safe do you feel in your daily life?	1	2	3	4	5
F16.2/F20.1.3	Do you feel you are living in a safe and secure environment?	1	2	3	4	5
F17.1/F21.1.1	How comfortable is the place where you live?	1	2	3	4	5
F19.1/F24.1.1	How easily are you able to get good medical care?	1	2	3	4	5
F22.1/F27.1.2	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks, for example activities of daily living such as washing, dressing, or eating. If you have been able to do these things completely, circle the number next to "Completely". If you have not been able to do these things at all, circle the number next to "Not at all". You should circle one of the numbers in between if you wish to indicate your answer lies somewhere between "Not at all" and "Completely". Questions refer to the last two weeks.

		<i>(Please circle the number)</i>				
		Not at all	A little	Moderately	Mostly	Completely
F2.1/F2.1.1	Do you have enough energy for everyday life?	1	2	3	4	5
F7.1/F9.1.2	Are you able to accept your bodily appearance?	1	2	3	4	5
F10.1/F12.1.1	To what extent are you able to carry out your daily activities?	1	2	3	4	5
F11.1/F13.1.1	How dependent are you on medications?	1	2	3	4	5
F14.1/F18.1.2	Do you get the kind of support from others that you need?	1	2	3	4	5
F14.2/F18.1.5	To what extent can you count on your friends when you need them?	1	2	3	4	5
F17.2/F21.1.2	To what degree does the quality of your home meet your needs?	1	2	3	4	5
F18.1/F23.1.1	Have you enough money to meet your needs?	1	2	3	4	5
F20.1/F25.1.1	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
F20.2/F25.1.2	To what extent do you have opportunities for acquiring the information that you feel you need?	1	2	3	4	5
F21.1/F26.1.2	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
F21.2/F26.1.3	How much are you able to relax and enjoy yourself?	1	2	3	4	5
F23.1/F28.1.2	To what extent do you have adequate means of transport?	1	2	3	4	5

The following questions ask you to say how **satisfied, happy, or good** you have felt about various aspects of your life over the last two weeks. For example, about your family life or the energy that you have. Decide how satisfied or dissatisfied you are with each aspect of your life and circle the number that best fits how you feel about this. Questions refer to the last two weeks.

		<i>(Please circle the number)</i>				
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
G2/G2.1	How satisfied are you with the quality of your life?	1	2	3	4	5
G3/G2.2	In general, how satisfied are you with your life?	1	2	3	4	5
G4/G2.3	How satisfied are you with your health?	1	2	3	4	5
F2.3/F2.2.1	How satisfied are you with the energy that you have?	1	2	3	4	5
F3.3/F4.2.2	How satisfied are you with your sleep?	1	2	3	4	5
F5.2/F7.2.1	How satisfied are you with your ability to learn new information?	1	2	3	4	5
F5.4/F7.2.3	How satisfied are you with your ability to make decisions?	1	2	3	4	5
F6.3/F8.2.1	How satisfied are you with yourself?	1	2	3	4	5
F6.4/F8.2.2	How satisfied are you with your abilities?	1	2	3	4	5
F7.4/F9.2.3	How satisfied are you with the way your body looks?	1	2	3	4	5
F10.3/F12.2.3	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
F13.3/F17.2.3	How satisfied are you with your personal relationships?	1	2	3	4	5
F15.3/F3.2.1	How satisfied are you with your sex life?	1	2	3	4	5

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

F14.3/F18.2.2	How satisfied are you with the support you get from your family?					
F14.4/F18.2.5	How satisfied are you with the support you get from your friends?	1	2	3	4	5
F13.4/F19.2.1	How satisfied are you with your ability to provide for or support others?	1	2	3	4	5
F16.4/F20.2.3	How satisfied are you with your physical safety and security?	1	2	3	4	5
F17.3/F21.2.2	How satisfied are you with the conditions of your living place?					
F18.3/F23.2.3	How satisfied are you with your financial situation?	1	2	3	4	5
F19.3/F24.2.1	How satisfied are you with your financial situation?	1	2	3	4	5
F19.3/F24.2.1	How satisfied are you with your access to health services?	1	2	3	4	5
F19.4/F24.2.5	How satisfied are you with the social care services?	1	2	3	4	5
F20.3/F25.2.1	How satisfied are you with your opportunities for acquiring new skills?	1	2	3	4	5
F20.4/F25.2.2	How satisfied are you with your opportunities to learn new information?	1	2	3	4	5
F21.4/F26.2.3	How satisfied are you with the way you spend your spare time?	1	2	3	4	5
F22.3/F27.2.1	How satisfied are you with your physical environment (e.g. pollution, climate, noise, attractiveness)?	1	2	3	4	5
F22.4/F27.2.3	How satisfied are you with your with the climate of the place where you live?	1	2	3	4	5
F23.3/F28.2.2	How satisfied are you with your transport?	1	2	3	4	5

<i>(Please circle the number)</i>				
Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very happy

F13.2/F17.2.1 Do you feel happy about your relationship with your family members?

<i>(Please circle the number)</i>				
Very poor	Poor	Neither poor nor good	Good	Very good

G1/G1.1 How would you rate your quality of life?

F15.1/F3.1.1 How would you rate your sex life? 1 2 3 4 5

F3.1/F4.1.1 How well do you sleep? 1 2 3 4 5

F5.1/F7.1.3 How would you rate your memory? 1 2 3 4 5

F19.2/F24.1.5 How would you rate your quality of social services available to you? 1 2 3 4 5

The following questions refer to **how often** you have felt or experienced certain things, for example the support of your family or friends or negative experiences such as feeling unsafe. If you have not experienced these things at all in the last two weeks, circle the number next to the response "never". If you have experienced these things, decide how often and circle the appropriate number. So for example if you have experienced pain all the time in the last two weeks circle the number next to "always". Questions refer to the last two weeks.

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

F1.1/F1.1.1 How often do you suffer (physical) pain?

F4.2/F6.1.3 Do you general feel content? 1 2 3 4 5

F8.1/F10.1.2 How often do you have negative feelings, such as blue mood, despair, anxiety, depression? 1 2 3 4 5

The following questions refer to any **"work"** that you do. Work here means any major activity that you do. This includes voluntary work, studying full-time, taking care of the home, taking care of children, paid work, or unpaid work. So work, as it is used here, means the activities you feel take up a major part of your time and energy.

Questions refer to the last two weeks.

<i>(Please circle the number)</i>						
Not at all	A little	Moderately	Mostly	Completely		
F12.1/F16.1.1	Are you able to work?	1	2	3	4	5
F12.2/F16.1.2	Do you feel able to carry out your duties?	1	2	3	4	5

<i>(Please circle the number)</i>						
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied		
F12.4/F16.2.1	How satisfied are you with your capacity for work ?	1	2	3	4	5

<i>(Please circle the number)</i>						
Very poor	Poor	Neither poor nor good	Good	Very good		
F12.3/F16.1.3	How would you rate your ability to work?	1	2	3	4	5

The next few questions ask about **how well you were able to move around**, in the last two weeks. This refers to your physical ability to move your body in such a way as to allow you to move about and do the things you would like to do, as well as the things that you need to do.

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

		<i>(Please circle the number)</i>				
		Not at all	A little	A moderate amount	Very much	An extreme amount
F9.3/F11.2.2	How much do any difficulties in mobility bother you?	1	2	3	4	5
F9.4/F11.2.3	To what extent do any difficulties in movement affect your way of life?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
F9.2/F11.2.1	How satisfied are you with your ability to move around?	1	2	3	4	5

The following few questions are concerned with **your personal beliefs**, and how these affect your quality of life.

These questions refer to religion, spirituality, and any other beliefs you may hold. Once again these questions refer to the last two weeks.

		<i>(Please circle the number)</i>				
		Not at all	A little	A moderate amount	Very much	An extreme amount
F24.1/F29.1.1	Do your personal beliefs give meaning to your life?	1	2	3	4	5
F24.2/F29.1.3	To what extent do you feel your life to be meaningful?	1	2	3	4	5
F24.3/F29.2.2	To what extent do your personal beliefs give you strength to face difficulties?	1	2	3	4	5
F24.4/F29.2.3	To what extent do your personal beliefs help you to understand difficulties in life?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Very poor	Poor	Neither poor nor good	Good	Very good
F5.1.1	How well do you hear?	1	2	3	4	5
F5.1.2	How well do you see?	1	2	3	4	5
F20.1.5	How would you rate your level of freedom?	1	2	3	4	5
F16.1.3	How would you rate your ability to work?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
F24.4/F29.2.3	How satisfied are you with your sight?	1	2	3	4	5
F24.4/F29.2.3	How satisfied are you with your hearing?	1	2	3	4	5
F24.4/F29.2.3	How satisfied are you with your ability to understand and respond to others appropriately?	1	2	3	4	5
F24.4/F29.2.3	How satisfied are you with your ability to communicate with others?	1	2	3	4	5
F2.3/F2.2.1	How satisfied are you with how you communicate?	1	2	3	4	5
F24.4/F29.2.3	How satisfied are you with your ability to get your thoughts or ideas across to others?	1	2	3	4	5
F24.4/F29.2.3	How satisfied are you with your ability to understand others?	1	2	3	4	5
F24.4/F29.2.3	How satisfied are you with your level of freedom?	1	2	3	4	5
F24.4/F29.2.3	How satisfied are you with your ability to work?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Not at all	A little	Somewhat	A lot	An extreme amount
F5.2.2	To what extent does any impairment in sight interfere with your enjoyment of life?	1	2	3	4	5
F5.2.3	To what extent do you feel any hearing problems interfere with performing everyday activities?	1	2	3	4	5
F5.2.5	How much do you feel any hearing problems interfere with performing everyday activities?	1	2	3	4	5
F14.1.2	Is there anything other than prescribed medication, that you must take to make your life tolerable?	1	2	3	4	5
F14.1.3	To what extent do you need a non-medicinal substance to feel good (e.g., alcohol, tobacco, drugs)?	1	2	3	4	5
F14.1.4	To what extent are you dependent on addictive substances?	1	2	3	4	5
F14.2.1	How much does your use of alcohol, tobacco, or drugs improve your ability to handle day to day life?	1	2	3	4	5
F15.1.4	How much trouble do you have making yourself understood?	1	2	3	4	5
F16.1.1	To what extent are you able to work?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Not at all	A little	Somewhat	A lot	An extreme amount
F16.1.2	To what extent do you feel able to carry out your duties?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Not at all	A little	Somewhat	A lot	Completely
F20.1.4	How much do you have the freedom to make use of the opportunities around you?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Never	Rarely	Sometimes	Usually	Always
F14.1.1	How often do you need to take something such as alcohol, tobacco, or drugs to feel better?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Not at all	Slightly	Moderately	Quite a bit	Extremely
F14.2.2	How worried are you by your use of drugs, such as alcohol or tobacco?	1	2	3	4	5
F14.2.4	To what extent are you worried about any dependence on non-medical substances?	1	2	3	4	5
F15.1.1	How well are you able to communicate with others?	1	2	3	4	5
F15.1.2	How easy is it for you to communicate with other people?	1	2	3	4	5
F15.1.3	How well can you convey your thoughts?	1	2	3	4	5
F15.1.5	How well are you able to understand other people?	1	2	3	4	5
F15.1.4	How limited is your ability to work?	1	2	3	4	5

We ask that you think about how much these affect your quality of life. For example one question asks about how important sleep is to you. If sleep is not important to you, circle the number next to "not important". If sleep is "very important" to you, but not "extremely important", you should circle the number next to "very important". **Unlike earlier questions, these questions do not refer only to the last two weeks.**

		<i>(Please circle the number)</i>				
		Not important	A little important	Moderately important	Very important	Extremely important
ImpG.1	How important to you is your overall quality of life?	1	2	3	4	5
ImpG.2	How important to you is your health?	1	2	3	4	5
Imp1.1	How important to you is it to be free of any pain?	1	2	3	4	5
Imp2.1	How important to you is having energy?	1	2	3	4	5
Imp3.1	How important to you is restful sleep?	1	2	3	4	5
Imp4.1	How important to you is it to feel happiness and enjoyment of life?	1	2	3	4	5
Imp4.2	How important to you is to feel content?	1	2	3	4	5
Imp4.3	How important to you is to feel hopeful?	1	2	3	4	5
Imp5.1	How important to you is being able to learn and remember important information?	1	2	3	4	5
Imp5.2	How important to you is being able to think through everyday problems and make decisions?	1	2	3	4	5
Imp5.3	How important to you is being able to concentrate?	1	2	3	4	5
Imp6.1	How important to you is feeling positive about yourself?	1	2	3	4	5
Imp7.1	How important to you is your body image and appearance?	1	2	3	4	5
Imp8.1	How important to you is it to be free of negative feelings (sadness, depression, anxiety, worry)?	1	2	3	4	5
Imp9.1	How important to you is it to be able to move around?	1	2	3	4	5

		<i>(Please circle the number)</i>				
		Not important	A little important	Moderately important	Very important	Extremely important
Imp10.1	How important to you is being able to take care of your daily living activities (e.g. washing, dressing, eating)?	1	2	3	4	5
Imp11.1	How important to you is it to be free of dependence on medicines or treatments?	1	2	3	4	5
Imp12.1	How important to you is being able to work?	1	2	3	4	5
Imp13.1	How important to you are relationships with other people?	1	2	3	4	5
Imp14.1	How important to you is support from others?	1	2	3	4	5
Imp15.1	How important to you is your sexual life?	1	2	3	4	5
Imp16.1	How important to you is feeling physically safe and secure?	1	2	3	4	5
Imp17.1	How important to you is your home environment?	1	2	3	4	5
Imp18.1	How important to you are your financial resources?	1	2	3	4	5
Imp19.1	How important to you is being able to get adequate health care?	1	2	3	4	5
Imp19.2	How important to you is being able to get adequate social help?	1	2	3	4	5
Imp20.1	How important to you are chances for getting new information or knowledge?	1	2	3	4	5
Imp20.2	How important to you are chances to learn new skills?	1	2	3	4	5
Imp21.1	How important to you is relaxation / leisure?	1	2	3	4	5
Imp22.1	How important to you is your environment (e.g. pollution, climate, noise, attractiveness)?	1	2	3	4	5
Imp23.1	How important to you is adequate transport in your everyday life?	1	2	3	4	5
Imp24.1	How important to you are your personal beliefs?	1	2	3	4	5