WHOQOL-BREF

The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. Please choose the answer that appears most appropriate. If you are unsure about which response to give to a question, the first response you think of is often the best one. Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last four weeks.

Very poor, Poor, neither poor nor good, Good, Very good

1. How would you rate your quality of life?
Very dissatisfied, Dissatisfied, Neither satisfied nor dissatisfied, Satisfied, Very satisfied

2. How satisfied are you with your health?
The following questions ask about how much you have experienced certain things in the last four 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?

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?
Not at all, A little, A moderate amount, Very much, Extremely

7. How well are you able to concentrate?

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

9. How healthy is your physical environment?
The following questions ask about how completely you experience or were able to do certain things in the last four weeks.

Not at all, A little, Moderately, Mostly, Completely

10. Do you have enough energy for everyday life?

11. Are you able to accept your bodily appearance?

12. Have you enough money to meet your needs?

13. How available to you is the information that you need in your day-to-day life?
14. To what extent do you have the opportunity for leisure activities?
Very poor, Poor, neither poor nor good Good Very good

15. How well are you able to get around?
Very dissatisfied, Dissatisfied, Neither satisfied nor dissatisfied, Satisfied, Very satisfied

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?

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?

The following question refers to how often you have felt or experienced certain things in the last four weeks.
Never, Seldom, Quite often, Very often, always

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