

# 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.**

INSERT [Participant First name Participant last name Participant no. Regional office]

Participant 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?



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



9. How healthy is your physical environment?



10. Do you have enough energy for every day 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 you need in your daily life?



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



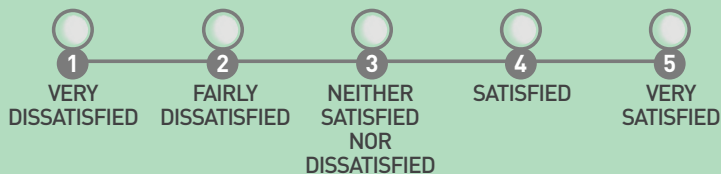
15. How well are you able to get around physically?



The assessment continues on the next page.

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?



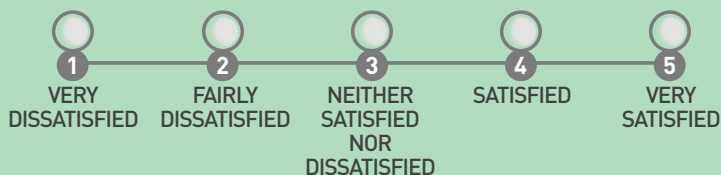
17. How satisfied are you with your ability to perform your daily living activities?



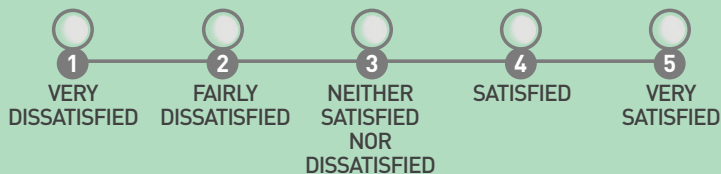
18. How satisfied are you with your capacity for work?



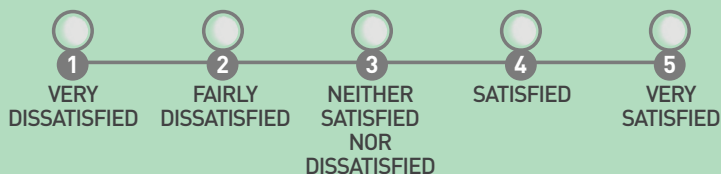
19. How satisfied are you with yourself?



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?



The assessment continues on the next page.

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

1 2 3 4 5  
VERY FAIRLY NEITHER SATISFIED VERY  
DISSATISFIED DISSATISFIED SATISFIED SATISFIED  
NEITHER  
SATISFIED  
NOR  
DISSATISFIED

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

1 2 3 4 5  
VERY FAIRLY NEITHER SATISFIED VERY  
DISSATISFIED DISSATISFIED SATISFIED SATISFIED  
NEITHER  
SATISFIED  
NOR  
DISSATISFIED

25. How satisfied are you with your transport?

1 2 3 4 5  
VERY FAIRLY NEITHER SATISFIED VERY  
DISSATISFIED DISSATISFIED SATISFIED SATISFIED  
NEITHER  
SATISFIED  
NOR  
DISSATISFIED

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

1 2 3 4 5  
NEVER INFREQUENTLY SOMETIMES FREQUENTLY ALWAYS

Thank you for your time.