

The UK WHOQOL-Bref

Instructions

Please read this carefully

This questionnaire asks how you feel about your quality of life, health and other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the best one you can. There are no right or wrong answers. Your answer will be kept strictly confidential. Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the **last two weeks**.

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

How much do you worry about your health?

Not at all	Not much	A moderate amount	Very much	An extreme amount
1	2	3	4	5

You should circle the number that best fits how much you have worries 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.

Please turn over page and start the questionnaire

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 next to "Not at all". You should circle one of the numbers in between if you wish to show that your answer lies somewhere between "Not at all" and "Extremely". **Questions refer to the last two weeks.**

1. **How much do you feel that pain prevents you from doing what you need to do?** (F1.4)

Not at all	Not much	A moderate amount	Very much	An extreme amount
1	2	3	4	5

2. **How much do you enjoy life?** (F4.1)

Not at all	Not much	A moderate amount	Very much	An extreme amount
1	2	3	4	5

3. **How well are you able to concentrate?** (F5.3)

Not at all	Not much	Moderately	Very well	Extremely
1	2	3	4	5

4. **How much do you need medical treatment to function in your daily life?** (F11.3)

Not at all	Not much	A moderate amount	Very much	An extreme amount
1	2	3	4	5

5. **How safe do you feel in your daily life?** (F16.1)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

6. **How healthy is your physical environment?** (F22.1)

Not at all	Not much	Moderately	Very much	Extremely
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, for example activities of daily living like 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 show that your answer lies somewhere between "Not at all" and "Completely". **Questions refer to the last two weeks.**

7. **Do you have enough energy for everyday life?** (F2.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

8. **How much are you able to accept your bodily appearance?** (F7.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

9. **To what extent do you have enough money to meet your needs?** (F18.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

10. **How available to you is the information that you need in your day-to-day life?** (F20.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

11. **To what extent do you have the opportunity for leisure activities?** (F21.1)

Not at all	Not much	Moderately	A great deal	Completely
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 your energy level. Decide how satisfied or dissatisfied you are with each aspect of your life and then circle the number that best fits how you feel about this. **Questions refer to the last two weeks.**

12. **How satisfied are you with your health?** (G4)

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

13. **How satisfied are you with your sleep?** (F3.3)

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

14. **How satisfied are you with yourself?** (F6.3)

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

15. **How satisfied are you with your ability to perform daily living activities?**
(F10.3)

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

16. **How satisfied are you with your personal relationships?** (F13.3)

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

17. **How satisfied are you with your sex life?** (F15.3)

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

18. **How satisfied are you with the support you get from your friends?** (F14.4)

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

19. **How satisfied are you with the conditions of your living place?** (F17.3)

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

20. **How satisfied are you with your access to health services?** (F19.3)

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

21. **How satisfied are you with your transport?** (F23.3)

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
1	2	3	4	5

22. **How would you rate your quality of life?** (G1)

Very poor	Poor	Neither poor nor good	Good	Very good
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 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.**

23. **How often do you have negative feelings, such as blue mood, despair, anxiety, depression?** (F8.1)

Never	Seldom	Quite often	Very often	Always
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.**

24. **How satisfied are you with your capacity for work?** (F12.4)

Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
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. **Questions refer to the last two weeks.**

25. **How well are you able to get around?** (F9.1)

Very poor	Poor	Neither good nor poor	Good	Very good
1	2	3	4	5

The following questions are concerned with **your personal beliefs** and how these affect your quality of life. These questions refer to religion, spirituality and any other personal beliefs you may hold. Once again these questions refer to the **last two weeks**.

26. **To what extent do you feel life to be meaningful?** (F24.2)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

ABOUT YOU

We would like you to answer a few general questions about yourself: by **circling** the correct answer or by **filling in the space provided**.

What is your gender? **MALE / FEMALE**

What is your date of birth? ____/____/____ (day / month / year)

What is the highest education you have received? **None at all**
Primary School
Secondary School
Further Education e.g. Technical/Clerical
University

What is your marital status? **Single** **Separated**
 Married **Divorced**
 Living as married **Widowed**

How is your health?

Very poor		Poor		Neither good nor poor		Good		F9.1 Very good
1		2		3		4		5

Are you currently ill? **YES / NO**

If something is wrong with your health, what do you think it is? Please write your illness(s) or problems here _____

Are you currently in paid work? **YES / NO**

What is your occupation? _____

THANK YOU VERY MUCH FOR YOUR HELP