

# **THE PERCEIVED QUALITY OF LIFE SCALE<sup>©</sup> (PQOL)**

U.S. English Version



**University of Washington  
Seattle, Washington  
United States of America**

Emblem...Soul Catcher: a Northwest Coast Indian symbol of physical and mental well-being. Artist: Marvin Oliver

# **Satisfaction with Health and Life**

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We would like to know how satisfied you are with different aspects of your life. Each item below has a scale where “0” is Extremely Dissatisfied and “10” is Extremely Satisfied. [For each item, mark an **X** in the box of the number that shows your own level of satisfaction.]

**How dissatisfied or satisfied are you with:**

- 1. Your physical health (the health of your body)?**

Extremely dissatisfied											Extremely satisfied	
▼	0	1	2	3	4	5	6	7	8	9	10	▼
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 2. How well you care for yourself, for example, preparing meals, bathing, or shopping?**

Extremely dissatisfied											Extremely satisfied	
▼	0	1	2	3	4	5	6	7	8	9	10	▼
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- 3. How well you think and remember?**

Extremely dissatisfied											Extremely satisfied	
▼	0	1	2	3	4	5	6	7	8	9	10	▼
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*(Please turn the page)*

**How dissatisfied or satisfied are you with:**

**4. The amount of walking you do?**

Extremely dissatisfied											Extremely satisfied										
0	1	2	3	4	5	6	7	8	9	10											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

**5. How often you get outside the house, for example, going into town, using public transportation or driving?**

Extremely dissatisfied											Extremely satisfied										
0	1	2	3	4	5	6	7	8	9	10											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

**6. How well you carry on a conversation, for example, speaking clearly, hearing others, or being understood?**

Extremely dissatisfied											Extremely satisfied										
0	1	2	3	4	5	6	7	8	9	10											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

**7. The kind and amount of food you eat?**

Extremely dissatisfied											Extremely satisfied										
0	1	2	3	4	5	6	7	8	9	10											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

*(Please turn the page)*

**How dissatisfied or satisfied are you with:**

**8. How often you see or talk to your family and friends?**

Extremely dissatisfied											Extremely satisfied										
0	1	2	3	4	5	6	7	8	9	10											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

**9. The help you get from your family and friends, for example, helping in an emergency, fixing your house, or doing errands?**

Extremely dissatisfied											Extremely satisfied										
0	1	2	3	4	5	6	7	8	9	10											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

**10. The help you give to your family and friends?**

Extremely dissatisfied											Extremely satisfied										
0	1	2	3	4	5	6	7	8	9	10											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

**11. Your contribution to your community, for example, a neighborhood, religious, political or other group?**

Extremely dissatisfied											Extremely satisfied										
0	1	2	3	4	5	6	7	8	9	10											
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

*(Please turn the page)*

**How dissatisfied or satisfied are you with:**

**12. Your retirement or current job?**

Extremely dissatisfied											Extremely satisfied
▼											▼
0	1	2	3	4	5	6	7	8	9	10	
□	□	□	□	□	□	□	□	□	□	□	

**13. The kind and amount of recreation or leisure you have?**

Extremely dissatisfied											Extremely satisfied
▼											▼
0	1	2	3	4	5	6	7	8	9	10	
□	□	□	□	□	□	□	□	□	□	□	

**14. Your level of sexual activity or lack of sexual activity?**

Extremely dissatisfied											Extremely satisfied
▼											▼
0	1	2	3	4	5	6	7	8	9	10	
□	□	□	□	□	□	□	□	□	□	□	

**15. The way your income meets your needs?**

Extremely dissatisfied											Extremely satisfied
▼											▼
0	1	2	3	4	5	6	7	8	9	10	
□	□	□	□	□	□	□	□	□	□	□	

*(Please turn the page)*

**How dissatisfied or satisfied are you with:**

**16 . How respected you are by others?**

Extremely dissatisfied											Extremely satisfied
▼											▼
0	1	2	3	4	5	6	7	8	9	10	
□	□	□	□	□	□	□	□	□	□	□	

**17. The meaning and purpose of your life?**

Extremely dissatisfied											Extremely satisfied
▼											▼
0	1	2	3	4	5	6	7	8	9	10	
□	□	□	□	□	□	□	□	□	□	□	

**18 . The amount of variety in your life?**

Extremely dissatisfied											Extremely satisfied
▼											▼
0	1	2	3	4	5	6	7	8	9	10	
□	□	□	□	□	□	□	□	□	□	□	

**19 . The amount and kind of sleep you get?**

Extremely dissatisfied											Extremely satisfied
▼											▼
0	1	2	3	4	5	6	7	8	9	10	
□	□	□	□	□	□	□	□	□	□	□	

*(Please turn the page)*

**20. How happy are you?**

Extremely unhappy											Extremely happy																																																																																																																																			
0											1											2											3											4											5											6											7											8											9											10																																
<input type="checkbox"/>											<input type="checkbox"/>											<input type="checkbox"/>											<input type="checkbox"/>											<input type="checkbox"/>											<input type="checkbox"/>											<input type="checkbox"/>											<input type="checkbox"/>											<input type="checkbox"/>											<input type="checkbox"/>											<input type="checkbox"/>											<input type="checkbox"/>											<input type="checkbox"/>										