

# DESCRIBING YOUR LIFE

YQOL-SF (SHORT-FORM) VERSION 4.0 (16 ITEMS, 11 POINT RESPONSE SCALE)



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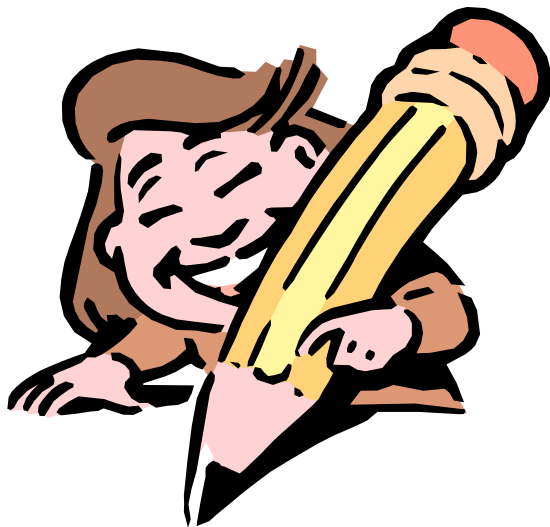
To all participants:

Many teenagers are taking part in this important survey. This survey will help us understand your thoughts and concerns so that better programs can be developed to improve the lives of teenagers.

The questions in this survey ask about a wide range of concerns and feelings. Some of these may or may not be important to you.

This is NOT a test, there are no right or wrong answers. Please answer as honestly as you can. Your responses will be kept strictly secret.

Thank you for your help!



## Evaluating Your Life

Following are some statements that you might make about yourself. Please circle the one number on each scale that best describes how closely the statement applies to you **IN GENERAL**. There are no right or wrong answers, we are only interested in how you feel about your life.

1. I have **enough energy** to do the things I want to do *(please circle the number)*  
(R07)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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2. I am **pleased** with how I look *(please circle the number)*  
(R08)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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3. I feel my life has **meaning** *(please circle the number)*  
(R11)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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4. I feel most adults **treat me fairly** *(please circle the number)*  
(R13)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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5. My family **encourages** me to do my best *(please circle the number)*  
(R16)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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6. I feel I am **getting along** with my parents or guardians *(please circle the number)*  
(R19)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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7. I feel my parents or guardians **allow me** to participate in important decisions which affect me  
(please circle the number)  
(R20)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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8. I am **happy** with the friends I have (please circle the number)  
(R24)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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9. I feel I **can take part** in the same activities as others my age (please circle the number)  
(R26)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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10. People my age **treat me** with respect (please circle the number)  
(R27)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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11. I **look forward** to the future (please circle the number)  
(R32)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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12. I feel **safe** when I am at home (please circle the number)  
(R34)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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13. I feel I am getting a **good education** (please circle the number)  
(R35)

NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
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14. I **know** how to get the information that I need *(please circle the number)*  
(R36)

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
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15. I **enjoy** learning new things *(please circle the number)*  
(R37)

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
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16. I feel **safe** when I am at school *(please circle the number)*  
(R38)

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
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## About Yourself

The following questions ask for general information about you. Please circle the number next to the option which best describes you.

17. How old are you? *(please circle the number)*

- 1 12 YEARS OLD OR YOUNGER
- 2 13 YEARS OLD
- 3 14 YEARS OLD
- 4 15 YEARS OLD
- 5 16 YEARS OLD
- 6 17 YEARS OLD
- 7 18 YEARS OLD OR OLDER

18. What is your date of birth? *(please write in your answer)*

ENTER YOUR BIRTH DATE HERE

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

19. What sex are you? *(please circle the number)*

- 1 FEMALE
- 2 MALE

20. What was the last grade you completed in school? *(please circle the number)*

- 0 5<sup>TH</sup> GRADE
- 1 6<sup>TH</sup> GRADE
- 2 7<sup>TH</sup> GRADE
- 3 8<sup>TH</sup> GRADE
- 4 9<sup>TH</sup> GRADE
- 5 10<sup>TH</sup> GRADE
- 6 11<sup>TH</sup> GRADE
- 7 12<sup>TH</sup> GRADE
- 8 IN SCHOOL, BUT NO GRADE
- 9 GED
- 10 BEYOND HIGH SCHOOL
- 11 I'M NOT IN SCHOOL

21. What do you consider to be your ethnic or racial background? *(please circle all that apply)*

- 1 WHITE (NON-HISPANIC)
- 2 HISPANIC/LATINO
- 3 AFRICAN  
AMERICAN/BLACK
- 4 AMERICAN  
INDIAN/ALASKAN NATIVE
- 5 ASIAN/PACIFIC ISLANDER
- 6 OTHER, PLEASE SPECIFY

\_\_\_\_\_

22. What is today's date? *(please write-in your answer)*

ENTER TODAY'S DATE HERE

\_\_\_\_\_, \_\_\_\_ 20\_\_\_\_  
MONTH DAY YEAR

26. Is there anything else you would like to tell us? *(please write your answer below):*

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We realize that answering these questions may have brought up some unpleasant issues for you. If you have been upset at all by this experience, we would encourage talking about it with someone close to you, such as a parent, friend, counselor, or doctor.



**Thank You Very Much For Your Help!**