

# DESCRIBING YOUR LIFE

Youth Quality of Life Instrument – Short Form (YQOL-SF)

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Youth Quality of Life Instrument for Youth who are Deaf or  
Hard-of-Hearing (YQOL-DHH)

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## YQOL-Short Form (YQOL-SF)

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.

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1. I feel I am important to others *(please circle one number)*

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
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2. I feel good about myself *(please circle one number)*

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
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3. I feel alone in my life *(please circle one number)*

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

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

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

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

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

NOT AT ALL

0 1 2 3 4 5 6 7 8 9 10

VERY MUCH

9. I feel my life is full of interesting things to do *(please circle one number)*

NOT AT ALL

0 1 2 3 4 5 6 7 8 9 10

VERY MUCH

10. I am satisfied with the way my life is now *(please circle one number)*

NOT AT ALL

0 1 2 3 4 5 6 7 8 9 10

VERY MUCH

### Quality of Life of Deaf or Hard-of-Hearing Youth (YQOL-DHH)

- You will read questions that ask how you feel about yourself.
- Please circle ONE number on each scale that BEST describes how the statement applies to you.
- We are only interested in how you feel about your life IN GENERAL.

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1. As a person who is deaf or hard-of-hearing, I feel my parents give me the **same amount** of independence as others my age... *(please circle one number)*

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

2. I **feel included** in the things my family does together... *(please circle one number)*

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

3. I **feel okay** telling my teacher about my needs... *(please circle one number)*

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

4. I feel I **have enough** technology, such as pagers, videophones, texting, and/or internet to communicate as a person who is deaf or hard-of-hearing... *(please circle one number)*

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

5. I **feel okay explaining** to others that I am deaf or hard-of-hearing... *(please circle one number)*

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

6. As a person who is deaf or hard-of-hearing, I **feel okay asking** for help when I need it... *(please circle one number)*

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

7. I know how to stand up or speak up for myself as a person who is deaf or hard-of-hearing... *(please circle one number)*

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

8. As a person who is deaf or hard-of-hearing, I **feel okay asking** for what I want in public places... *(please circle one number)*

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

9. As a person who is deaf or hard-of-hearing, it is **easy for me** to start talking to people I do not know... *(please circle one number)*

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

10. As a person who is deaf or hard-of-hearing, I am **satisfied** with the ways I have to communicate... *(please circle one number)*

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

11. I feel **other youth are willing to help me** when I need it as a person who is deaf or hard-of-hearing... *(please circle one number)*

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

12. **My teacher(s) helps me** to communicate easier in the classroom as a person who is deaf or hard-of-hearing... *(please circle one number)*

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

13. As a person who is deaf or hard-of-hearing, I **feel there are enough things** to do with people other than my family... *(please circle one number)*

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

14. As a person who is deaf or hard-of-hearing, I **feel accepted** by students at my school... *(please circle one number)*

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

15. I **get upset** when people do not understand what I am saying because I am deaf or hard-of-hearing... *(please circle one number)*

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

16. I feel like my **parents protect me too much** because I am deaf or hard-of-hearing... *(please circle one number)*

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

17. I feel people who are **hearing treat me badly** because I am deaf or hard-of-hearing ... *(please circle one number)*

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

18. I feel **people think I am dumb** because I am deaf or hard-of-hearing... *(please circle one number)*

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

19. I feel **people bully me** because I am deaf or hard-of-hearing... *(please circle one number)*

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

20. I feel **people make fun of me** because I am deaf or hard-of-hearing... *(please circle one number)*

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

21. I feel **embarrassed when people stare** at me because I am deaf or hard-of-hearing... *(please circle one number)*

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

22. I feel **embarrassed to ask** people to repeat themselves because I am deaf or hard of hearing... *(please circle one number)*

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

23. Because I am deaf or hard-of-hearing, I feel **left out of family** conversations... *(please circle one number)*

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

24. I feel I miss things when talking with **people who are deaf or hard-of-hearing** ... *(please circle one number)*

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

25. Because I am deaf or hard-of-hearing, I feel I **miss out on activities and things** I want to do... *(please circle one number)*

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

26. I feel I **miss what is important** for me to know because I am deaf or hard-of-hearing... *(please circle one number)*

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

27. Because I am deaf or hard-of-hearing, I have to **work harder than other youth** to do the things I want to do... *(please circle one number)*

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

28. Because I am deaf or hard-of-hearing, I feel it is **hard to participate** in large groups... *(please circle one number)*

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

29. Because I am deaf or hard-of-hearing, I feel **what I want to do in the future is limited**... *(please circle one number)*

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

30. I feel it is **hard for me to understand** what people are saying because I am deaf or hard-of-hearing... *(please circle one number)*

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

31. Because I am deaf or hard-of-hearing, I feel I **miss things** when talking with **people who are hearing**... *(please circle one number)*

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

32. I **feel life is harder** for me because I am deaf or hard-of-hearing... *(please circle one number)*

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