

DESCRIBING YOUR LIFE

YQOL-S Instrument



University of Washington
Department of Health Services
Seattle, Washington
(800) 291-2193

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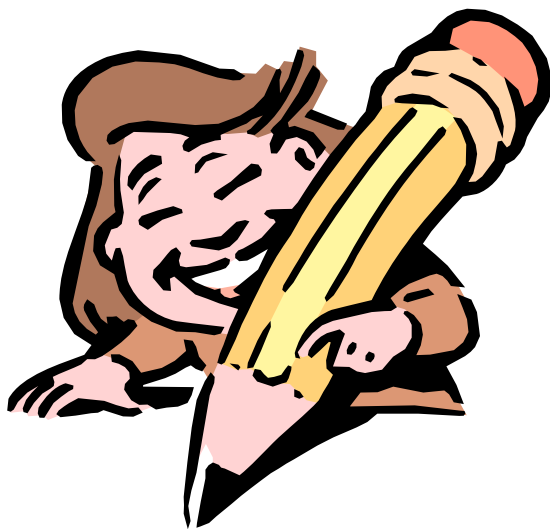
To all participants:

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 feel **good** about myself *(please circle the number)*

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

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

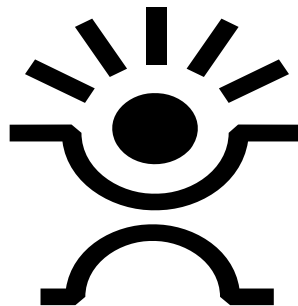
NOT AT ALL		0	1	2	3	4	5	6	7	8	9	10		VERY MUCH
------------	--	---	---	---	---	---	---	---	---	---	---	----	--	-----------

5. I **enjoy** life (please circle the number)

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
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6. I am **satisfied** with the way my life is now (please circle the number)

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

NOT AT ALL	0	1	2	3	4	5	6	7	8	9	10	VERY MUCH
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8. Compared with others my age, I feel **my life is...** (please circle the number)

MUCH WORSE THAN OTHERS	0	1	2	3	4	5	6	7	8	9	10	MUCH BETTER THAN OTHERS
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9. You have just answered some questions about how your life is now. Which areas listed below are most important to you? *Please write in the space provided* the FIVE (5) areas which are most important to your life in order of importance.

1 Getting Support From Adults In My Life •

2 Being Myself •

3 Believing In Myself •

4 Caring For Others •

5 Being Included In Things •

6 Having Things I Enjoy Doing •

7 Getting Along With My Family •

8 Having Freedom •

9 Having Good Friends •

10 Having A Bright Future •

11 Having Good Physical Health •

12 Looking Good •

13 Being Able To Relax and Feel Good •

14 Having Enough Money •

15 Liking My Neighborhood •

16 Being Respected By My Classmates •

17 Being Safe •

18 Going To A Good School & Learning •

19 Feeling That My Life Has Meaning •

The 5 Most Important
Areas to Me (write below)

1st Most
Important

2nd Most
Important

3rd Most
Important

4th Most
Important

5th Most
Important



10. Almost everyone has areas in their life they would like to change for the better. *Please write in the space provided* the FIVE (5) areas in your life which you would like to change for the better in order of importance.

- 1 Getting More Support From Adults In My Life •
- 2 Feeling That I Can Be Myself More •
- 3 Believing In Myself More •
- 4 Caring More For Others •
- 5 Being Included In More Things •
- 6 Having More Things I Enjoy Doing •
- 7 Getting Along With My Family Better •
- 8 Having More Freedom •
- 9 Having Better Friends •
- 10 Having A Brighter Future •
- 11 Having Better Physical Health •
- 12 Improving The Way I Look •
- 13 Being Able To Relax and Feel Good More Often •
- 14 Having More Money •
- 15 Having A Better Neighborhood •
- 16 Getting More Respect From My Classmates •
- 17 Increasing My Personal Safety •
- 18 Going To A Better School and Learning More •
- 19 Feeling That My Life Has More Meaning •

5 Areas I Would Like To Change
For The Better (write below)

1st Change
Area

2nd Change
Area

3rd Change
Area

4th Change
Area

5th Change
Area



About Yourself

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

11. 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

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

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

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

1 FEMALE

2 MALE

14. 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

15. How much school have your parents had? *(please circle the number for each parent)*

MOTHER FATHER

0	0	NO SCHOOL
1	1	PRIMARY SCHOOL (GRADES 1-8)
2	2	SOME HIGH SCHOOL
3	3	HIGH SCHOOL GRADUATE/GED
4	4	SOME COLLEGE
5	5	COLLEGE GRADUATE
6	6	DON'T KNOW

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

ENTER TODAY'S DATE HERE

_____, ____ 20____
MONTH DAY YEAR