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QUESTIONNAIRE

Quality of Life Questionnaire: Framework and 20 Key Questions



What is a Quality of Life Questionnaire?

Quality of life questionnaire consists of a set of survey questions that can be used to collect data related to an individual in particular and society in general on various parameters that determine their general quality of life, their natural environment, their health, their living condition, their community and more.

Quality of life is fast becoming a standard measure of outcomes in many clinical trials and clinical practices. There are many factors that are associated while measuring the quality of life, like physical health, physiological well-being, social relationships, functional roles and subjective sense of lifestyle satisfaction.

To collect the data that actually talks about the detailed analysis of an individual, quality of life questionnaire is essential. The primary objective to develop this questionnaire is that it should be easy to use, should reflect consumer values and goals, and collect appropriate data.



individuals life. It covers a variety of demographic questions to get better quality data and information before analyzing the quality of life of an individual. The domains that should be covered while creating a quality of life questionnaire are as follows:

- 1. **Overall Level of Satisfaction:** This level of satisfaction can be about multiple aspects like satisfaction with the living environment, the quality of food, the overall level of hygiene, clothes to wear and mental health. The questionnaire should consist of question that will ask the respondent about their overall level of satisfaction with the living conditions.
- 2. **Occupation:** The questions focus on the time an individual spends to earn his/her living. About the workplace and if an individual is satisfied or not with it. This question is important as an average American spends 56 hours at his/her workplace. Considering the amount of time spent at work, it is an important segment.
- 3. **Mental Health:** Among other things, mental well-being or mental health-related questions need to be an integral part of the quality of life questionnaire. Emotional well-being is an aspect that is not talked about often as it should be. Evaluating mental health is important.
- 4. **Physical Health:** Physical health is another important attribute that needs to be included in the quality of life questionnaire. If physical health is compromised most of the tasks even the routine ones cannot be carried out.
- 5. **Financial stability:** This section focused on the economic development and aspect of an individual. The questions in this section should be able to extract information about how much control individual exercises on his/her financial resources. The questions should also be directed to ask what would an individual do if faced with the lack of financial resources.
- 6. **Alcohol and Drugs:** In this sections questions pertaining to individuals habits should be asked. Alcohol and drug abuse is a common issue in the U.S. 9.4% of the total population use or have used an illicit drug. This section must cover questions that ask respondents about these abuses.

Learn more: Quality of Life Survey Questions + Sample Questionnaire Template

20 Key Questions for the Quality of Life Questionnaire

Quality of life questionnaire must consist of questions that helps a researcher collected an optimum amount of information from the respondent(s) based on the above-mentioned framework. This questionnaire should be designed to cover all the essential segments with clarity. Following are the 30 Key questions you will need in your quality of life questionnaire:

Demographic Questions

1. Please select your gender



2. What is your highest education level completed?

No schooling completed

Some high school or diploma

High school graduate

Professional/Vocational/Technical Training

Bachelor's degree

Master's degree

Doctorate degree

3. What is your marital status?

Single/Never married

In a committed relationship

Married

Separated

Divorced

Spouse deceased

4. What is your ethnicity?

American Indian/ Native American

Asian

African American or Black

Hispanic/Latino

White

Others



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Homemaker

Unemployed

Veteran

Salaried

Business Owner

Others

Quality of Life Questions

During the past 6 months	, vou have lived:	(select all that is	applicable)
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Alone

Parents

Friends/Roommates

Children

Partner

Others

7. Please select your housing type

Apartment

Terraced

Duplex

Log Cabin

Cottage

Bungalow

Mansion

Homeless



	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	<u> </u>
I am happy with the house I live in	0	0	0	0	0	
I am satisfied with the hygiene around the house	0	0	0	0	0	
My neighbors are good	0	0	0	0	0	
I am satisfied with the food that I eat	0	0	0	0	0	
I am happy with the clothes I wear	0	0	0	0	0	
I have a decent paying job	0	0	0	0	0	
I hang out with my friends quite often	0	0	0	0	0	
I am satisfied with my personal safety	0	0	0	0	0	
I pursue at least one hobby	0	0	0	0	0	
I have a healthy relationship with my parents	0	0	0	0	0	•

9. How important are the following aspects of your life?

	Not at all Important	Slightly Important	Moderately Important	Very Important	Extremely Important	
Having a good house to stay in	0	0	0	0	0	
The way I spend my time on a regular basis	0	0	0	0	0	
I need good food to eat	0	0	0	0	0	
I need to mentally healthy	0	0	0	0	0	
I need a good means of transportation	0	0	0	0	0	
A healthy sex life	0	0	0	0	0	-



Paid empl	loyment
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School/ University

Volunteer work

Unpaid Internship

Others

11. Please select Yes or No for each of the following questions.

Yes	No	
0	0	I am happy about achieving something good in the last 4 weeks.
0	0	I feel left out and odd with people around me
0	0	I am bored very easily
0	0	Lack of concentration in the last 4 weeks
0	0	Extremely restless and jumpy
0	0	Have put on a lot of weight in the last 6 months
0	0	Happy because I received compliments from family and friends
0	0	Depressed and unhappy
0	0	Particularly excited about something

12. How would you rate your mental health over the past 4 weeks?

Poor

Fair

Good

Very Good

Excellent



	Poor
	Fair
	Good
	Very Good
	Excellent
14. H a	ave you ever been for psychiatric consultation?
	Never
	Sometimes
	Quite often
	Always
15. H o	ow often do you consume alcohol?
	Never
	Sometimes
	Quite often
	Always
16. D o	o you use drugs or any other substance?
	Yes
	No
17. H o	ow often do you consume drugs?
	Never
	Only casually
	Sometimes



Always

19. Please select all the activities you have done in the past 4 weeks

Gone to a restaurant with family or friends

Gone for a long drive alone or with friends

Cleaned my room/apartment/house

Gone shopping

Made a meal for self

Done my laundry

20. How important are the following factors in determining your quality of life?

	Not at all important	Slightly important	Moderately important	Very Important	Extremely important	
Work/school	0	0	0	0	0	
How you feel about yourself	0	0	0	0	0	
Your physical state of being	0	0	0	0	0	
Your mental state of being	0	0	0	0	0	
Your family/ friends	0	0	0	0	0	
Your bank balance	0	0	0	0	0	





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