**Appendix III: Australian WHOQOL-BREF**

**WORLD HEALTH ORGANISATION**

**QUALITY OF LIFE**

**WHOQOL- BREF**

**Australian Version (May 2000)**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Instructions:**  This assessment asks how you feel about your quality of life, health, and other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response.  Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the **last two weeks**.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Do you get the kind of support from others that you need?** | | | | | | Not at all  1 | Slightly  2 | Moderately  3 | Very | Completely  5 |   You would circle the number 4 if in the last two weeks you got a great deal of support from others.  If you did not get any of the support from others that you needed in the last two weeks you would circle 1.  Thank you for your help. |

Now turn to the back of this page

Please read the question, assess your feelings, for the last two weeks, and circle the number on the scale for each question that gives the best answer for you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very  poor | Poor | Neither poor nor good | Good | Very  good |
| 1 | How would you rate your quality of life? | 1 | 2 | 3 | 4 | 5 |
|  | | | | | | |
|  |  | Very  dissatisfied | Fairly  Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
| 2 | How satisfied are you with your health? | 1 | 2 | 3 | 4 | 5 |
| The following questions ask about how much you have experienced certain things in the **last two weeks**. | | | | | | |
|  |  | Not  at all | A  Small amount | A  Moderate amount | A  great deal | An  Extreme amount |
| 3 | To what extent do you feel that physical pain prevents you from doing what you need to do? | 1 | 2 | 3 | 4 | 5 |
| 4 | How much do you need any medical treatment to function in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 5 | How much do you enjoy life? | 1 | 2 | 3 | 4 | 5 |
| 6 | To what extent do you feel your life to be meaningful? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all | Slightly | Moderately | Very | Extremely |
| 7 | How well are you able to concentrate? | 1 | 2 | 3 | 4 | 5 |
| 8 | How safe do you feel in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 9 | How healthy is your physical environment? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  |  | Not at all | Slightly | Somewhat | To a great extent | Completely |
| 10 | Do you have enough energy for everyday life? | 1 | 2 | 3 | 4 | 5 |
| 11 | Are you able to accept your bodily appearance? | 1 | 2 | 3 | 4 | 5 |
| 12 | Have you enough money to meet your needs? | 1 | 2 | 3 | 4 | 5 |
| 13 | How available to you is the information you need in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 14 | To what extent do you have the opportunity for leisure activities? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all | Slightly | | Moderately | | Very | Extremely | |
| 15 | How well are you able to get around physically? | 1 | 2 | | 3 | | 4 | 5 | |
| The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the over the **last two weeks**. | | | | | | | | | |
|  |  | Very Dissatisfied | | Fairly  Dissatisfied | | Neither  Satified nor Dissatisfied | | Satisfied | Very satisfied |
| 16 | How satisfied are you with your sleep? | 1 | | 2 | | 3 | | 4 | 5 |
| 17 | How satisfied are you with your ability to perform your daily living activities? | 1 | | 2 | | 3 | | 4 | 5 |
| 18 | How satisfied are you with your capacity for work | 1 | | 2 | | 3 | | 4 | 5 |
| 19 | How satisfied are you with yourself? | 1 | | 2 | | 3 | | 4 | 5 |
| 20 | How satisfied are you with your personal relationships? | 1 | | 2 | | 3 | | 4 | 5 |
| 21 | How satisfied are you with your sex life? | 1 | | 2 | | 3 | | 4 | 5 |
| 22 | How satisfied are you with the support you get from your friends? | 1 | | 2 | | 3 | | 4 | 5 |
| 23 | How satisfied are you with the conditions of your living place? | 1 | | 2 | | 3 | | 4 | 5 |
| 24 | How satisfied are you with your access to health services? | 1 | | 2 | | 3 | | 4 | 5 |
| 25 | How satisfied are you with your transport? | 1 | | 2 | | 3 | | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The following question refers to **how often** you have felt or experienced certain things in the last two weeks. | | | | | | |
|  |  | Never | Infrequently | Sometimes | Frequently | Always |
| 26 | How often do you have negative feelings such as blue mood, despair, anxiety or depression? | 1 | 2 | 3 | 4 | 5 |

**THE END**

This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. In the event of any inconsistency between the English and the translated version, the original English version shall be the binding and authentic version.