

WHO Quality of Life Brief Version

Investigator:

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eCRF ID:

A103-024

Filled By:

Subject

Scale:

Screening (Day X)

Date:

7/15/2025

1. How would you rate your quality of life?

Answer: Neither poor nor good

2. How satisfied are you with your health?

Answer: Satisfied

3. To what extent do you feel that physical pain prevents you from doing what you need to do?

Answer: A little

4. How much do you need any medical treatment to function in your daily life?

Answer: Not at all

5. How much do you enjoy life?

Answer: A moderate amount

6. To what extent do you feel your life to be meaningful?

Answer: A little

7. How well are you able to concentrate?

Answer: A moderate amount

8. How safe do you feel in your daily life?

Answer: A moderate amount

9. How healthy is your physical environment?

Answer: A moderate amount

10. Do you have enough energy for everyday life?

Answer: Moderately

11. Are you able to accept your bodily appearance?

Answer: Moderately

12. Have you enough money to meet your needs?

Answer: Moderately

13. How available to you is the information that you need in your day-to-day life?

Answer: Moderately

14. To what extent do you have the opportunity for leisure activities?

Answer: Moderately

15. How well are you able to get around?

Answer: Poor

16. How satisfied are you with your sleep?

Answer: Neither satisfied nor dissatisfied

17. How satisfied are you with your ability to perform your daily living activities?

Answer: Neither satisfied nor dissatisfied

18. How satisfied are you with your capacity for work?

Answer: Neither satisfied nor dissatisfied

19. How satisfied are you with yourself?

Answer: Neither satisfied nor dissatisfied

20. How satisfied are you with your personal relationships?

Answer: Neither satisfied nor dissatisfied

21. How satisfied are you with your sex life?

Answer: Neither satisfied nor dissatisfied

22. How satisfied are you with the support you get from your friends?

Answer: Neither satisfied nor dissatisfied

23. How satisfied are you with the conditions of your living place?

Answer: Satisfied

24. How satisfied are you with your access to health services?

Answer: Satisfied

25. How satisfied are you with your transport?

Answer: Satisfied

26. How often do you have negative feelings such as blue mood, despair, anxiety, depression?

Answer: Quite often

Do you have any comments about the assessment?

Answer: No answer provided

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