

## WHO Quality of Life Brief Version

**Investigator:**

Dr Sangeetha Vulichi

**eCRF ID:**

A101-093

**Filled By:**

Subject

**Scale:**

Screening (Day X)

**Date:**

7/15/2025

### 1. How would you rate your quality of life?

Answer: Very good

### 2. How satisfied are you with your health?

Answer: Very satisfied

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

Answer: Not at all

### 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: Very much

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

Answer: An extreme amount

**7. How well are you able to concentrate?**

Answer: Extremely

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

Answer: Extremely

**9. How healthy is your physical environment?**

Answer: Extremely

**10. Do you have enough energy for everyday life?**

Answer: Completely

**11. Are you able to accept your bodily appearance?**

Answer: Completely

**12. Have you enough money to meet your needs?**

Answer: A little

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

Answer: Completely

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

Answer: Mostly

**15. How well are you able to get around?**

Answer: Very good

**16. How satisfied are you with your sleep?**

Answer: Very satisfied

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

Answer: Very satisfied

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

Answer: Very satisfied

**19. How satisfied are you with yourself?**

Answer: Very satisfied

**20. How satisfied are you with your personal relationships?**

Answer: Very satisfied

**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: Very satisfied

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

Answer: Very satisfied

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

Answer: Very satisfied

**25. How satisfied are you with your transport?**

Answer: Very satisfied

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

Answer: Never

**Do you have any comments about the assessment?**

Answer: No answer provided

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