

WHO Quality of Life Brief Version

Investigator:

Dr Sangeetha Vulichi

eCRF ID:

A101-096

Filled By:

Subject

Scale:

Baseline (Day 0)

Date:

7/23/2025

1. How would you rate your quality of life?

Answer: Very 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: Very much

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

Answer: Very much

5. How much do you enjoy life?

Answer: Very much

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

Answer: Very much

7. How well are you able to concentrate?

Answer: Very much

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

Answer: Very much

9. How healthy is your physical environment?

Answer: Very much

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: Good

16. How satisfied are you with your sleep?

Answer: Satisfied

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

Answer: Satisfied

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

Answer: Satisfied

19. How satisfied are you with yourself?

Answer: Very satisfied

20. How satisfied are you with your personal relationships?

Answer: 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: Satisfied

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: Very often

Do you have any comments about the assessment?

Answer: No answer provided

Disclaimer: By signing this document electronically, I acknowledge that I have reviewed its contents, understand its implications, and confirm its accuracy. I understand that my electronic signature is legally binding, the content of this document is confidential, and will not be shared with third parties without authorization.