

**WHO Quality of Life Brief Version****Investigator:**

Dr Sangeetha Vulichi

**eCRF ID:**

A101-112

**Filled By:**

Subject

**Scale:**

Screening (Day X)

**Date:**

8/21/2025

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

Answer: Good

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

Answer: Dissatisfied

**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: Very much

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

Answer: Moderately

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

Answer: Completely

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

Answer: Not at all

**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: Moderately

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

Answer: Very 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: Very satisfied

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

Answer: Neither satisfied nor dissatisfied

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

Answer: Satisfied

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

Answer: Very 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: Very 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: Very dissatisfied

**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: Seldom

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

Answer: No answer provided

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