

Sub	iect	Sign	÷	

WHO Quality of Life Brief Version

Investigator:

CRF ID:

A101-101

Filled By:

Subject

Scale:

Screening (Day X)

Date:

7/23/2025

1. How would you rate your quality of life?

2. How satisfied are you with your health?

Answer: Neither satisfied nor dissatisfied

Answer: Neither poor nor good

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: A little

5. How much do you enjoy life?

Answer: A moderate amount

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

Answer: Very much

7. How well are you able to concentrate?

Answer: A moderate amount

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

Answer: A little

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: A little

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

Answer: A little

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

Answer: A little

15. How well are you able to get around?

Answer: Good

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: Dissatisfied

19. How satisfied are you with yourself?

Answer: Dissatisfied

20. How satisfied are you with your personal relationships?

Answer: 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: Dissatisfied

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

Answer: Dissatisfied

25. How satisfied are you with your transport?

Answer: Dissatisfied

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

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.