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# **WHO Quality of Life Brief Version**

**Investigator:** Dr Sangeetha Vulichi eCRF ID: A101-115 Filled By: Subject Scale: Screening (Day X) Date: 8/25/2025 1. How would you rate your quality of life?

Answer: Neither poor nor 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: A moderate amount

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

Answer: A moderate amount

# 5. How much do you enjoy life?

Answer: Very much

# 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: Very much

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

Answer: Not at all

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

Answer: Moderately

### 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: Moderately

### 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: Neither poor nor good

# 16. How satisfied are you with your sleep?

Answer: Very 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: Neither satisfied nor dissatisfied

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

Answer: Satisfied

### 21. How satisfied are you with your sex life?

Answer: Very 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: Neither satisfied nor dissatisfied

# 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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