

WHOQOL-BREF

Record ID _____

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This assessment asks how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response. Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last two weeks.

How would you rate your quality of life?

☐ Very poor ☐ Poor ☐ Neither poor nor good ☐ Good ☐ Very good

How satisfied are you with your health?

☐ Very dissatisfied ☐ Dissatisfied ☐ Neither satisfied nor dissatisfied ☐ Satisfied ☐ Very satisfied

	Not at all	A little	A moderate amount	Very much	An extreme amount
To what extent do you feel that physical pain prevents you from doing what you need to do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do you need any medical treatment to function in your daily life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do you enjoy life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To what extent do you feel your life to be meaningful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Not at all	A little	A moderate amount	Very much	Extremely
How well are you able to concentrate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How safe do you feel in your daily life?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How health is your physical environment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>