

**Department of Mental Health and Addiction Services  
Quality of Life Instrument**

**FY20**

<b>Agency/Facility</b>	<b>Program</b>	<b>Date Completed</b>
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For each box, put an **X** in the circle that applies to you.

<b>Gender</b> <input type="radio"/> Male <input type="radio"/> Female	<b>Age</b> <input type="radio"/> 20 and under <input type="radio"/> 21-24 <input type="radio"/> 25-34 <input type="radio"/> 35-54 <input type="radio"/> 55-64 <input type="radio"/> 65 and older	<b>Primary reason for receiving services</b> <input type="radio"/> Emotional/Mental Health <input type="radio"/> Alcohol or Drugs <input type="radio"/> Both Emotional/Mental Health and Alcohol or Drugs
<b>Race</b> <input type="radio"/> White <input type="radio"/> Black/ African American <input type="radio"/> American Indian/Alaskan <input type="radio"/> Native Hawaiian/ Pacific Islander <input type="radio"/> Asian <input type="radio"/> Mixed <input type="radio"/> Other	<b>Ethnicity</b> <input type="radio"/> Puerto Rican <input type="radio"/> Mexican <input type="radio"/> Other Hispanic or Latino <input type="radio"/> Not Hispanic	<b>Length of Service</b> <input type="radio"/> Less than 1 year <input type="radio"/> 12 months to 2 years <input type="radio"/> 2 years to 5 years <input type="radio"/> More than 5 years

Please read each question, assess your feelings, and circle the number on the scale that gives the best answer for you for each question.

	<i>(Please circle the number)</i>				
	<b>Very poor</b>	<b>Poor</b>	<b>Neither poor nor good</b>	<b>Good</b>	<b>Very Good</b>
1. How would you rate your quality of life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

	<i>(Please circle the number)</i>				
	<b>Very dissatisfied</b>	<b>Dissatisfied</b>	<b>Neither satisfied nor dissatisfied</b>	<b>Satisfied</b>	<b>Very satisfied</b>
2. How satisfied are you with your health?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

The following questions ask about **how much** you have experienced certain things in the last two weeks.

	<i>(Please circle the number)</i>				
	<b>Not at all</b>	<b>A little</b>	<b>A moderate amount</b>	<b>Very much</b>	<b>An extreme amount</b>
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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<i>(Please circle the number)</i>					
Not at all	A little	A moderate amount	Very much	An extreme amount	
4. How much do you need any medical treatment to function in your daily life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
5. How much do you enjoy life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
6. To what extent do you feel your life to be meaningful?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

<i>(Please circle the number)</i>					
Not at all	Slightly	A Moderate amount	Very much	Extremely	
7. How well are you able to concentrate?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
8. How safe do you feel in your daily life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
9. How healthy is your physical environment?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

<i>(Please circle the number)</i>					
Not at all	A little	Moderately	Mostly	Completely	
10. Do you have enough energy for everyday life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
11. Are you able to accept your bodily appearance?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
12. Have you enough money to meet your needs?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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<i>(Please circle the number)</i>					
Not at all	A little	Moderately	Mostly	Completely	
13. How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14. To what extent do you have the opportunity for leisure activities?	1	2	3	4	5

<i>(Please circle the number)</i>					
Very poor	Poor	Neither poor nor well	Well	Very well	
15. How well are you able to get around?	1	2	3	4	5

The following questions ask you to say how **good** or **satisfied** you have felt about various aspects of your life over the last two weeks.

<i>(Please circle the number)</i>					
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	
16. How satisfied are you with your sleep?	1	2	3	4	5
17. How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18. How satisfied are you with your capacity for work?	1	2	3	4	5
19. How satisfied are you with your abilities?	1	2	3	4	5
20. How satisfied are you with your personal relationships?	1	2	3	4	5

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<i>(Please circle the number)</i>					
Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied	
21. How satisfied are you with your sex life?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
22. How satisfied are you with the support you get from your friends?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
23. How satisfied are you with the conditions of your living place?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
24. How satisfied are you with your access to health services?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
25. How satisfied are you with your mode of transportation?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

<i>(Please circle the number)</i>					
Never	Seldom	Quite often	Very often	Always	
26. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Did someone help you to fill out this form? *(Please circle Yes or No)*

Yes	No
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**THANK YOU FOR YOUR HELP**