

Quality of Life Questionnaire Instructions

This questionnaire 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. For example, thinking about the last two weeks, a question might ask:

<i>(Please circle the number)</i>				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

Do you get the kind of support from others that you need?

You should circle the number that best fits how much support you got from others over the last two weeks. So you would circle the number 4 if you got a great deal of support from others.

<i>(Please circle the number)</i>				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

Do you get the kind of support from others that you need?

You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks.

<i>(Please circle the number)</i>				
Not at all	A little	Moderately	Mostly	Completely
1	2	3	4	5

Do you get the kind of support from others that you need?

THANK YOU FOR YOUR HELP