

Quality of Life Questionnaire

DIRECTIONS: Below are five statements with which you may agree or disagree. Using the 1-7 scale below, indicate your agreement with each item by placing the appropriate number in the line preceding that item. Please be open and honest in your responding.

- 1 = Extremely happy
- 2 = Happy
- 3 = Mostly satisfied
- 4 = Mixed (equally satisfied and dissatisfied)
- 5 = Mostly dissatisfied
- 6 = Unhappy
- 7 = Terrible

1. First, a very general question. How do you feel about your life as a whole?
2. In general, how do you feel about yourself?
3. How do you feel about your personal safety?
4. How do you feel about the amount of fun and enjoyment you have?
5. How do you feel about the responsibilities you have for members of your family?
6. How do you feel about what you are accomplishing in your life?
7. How do you feel about your independence or freedom--that is, how free you feel to live the kind of life you want?
8. How do you feel about your emotional and psychological well-being?
9. How do you feel about the way you spend your spare time?

REFERENCES

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