

**World Health Organization Quality of Life Bref (WHO-QOL-BREF)**Free, available at [http://www.who.int/mental\\_health/media/en/76.pdf](http://www.who.int/mental_health/media/en/76.pdf)

Pop	Time	Purpose	Measures	Scoring	Notes
Adults, mild to no cognitive impairment	~ 20 mins	To measure a person's perception of their life quality in four domains	Physical health Psychological health Social relationships Environment	See scoring handout	Normative scores for adult stroke, chronic stroke, community dwelling adults, and traumatic brain injury are available at <a href="http://www.rehabmeasures.org/Lists/RehabMeasures/PrintView.aspx?ID=937">http://www.rehabmeasures.org/Lists/RehabMeasures/PrintView.aspx?ID=937</a>

## WHO-QOL BREF Completed Example

### WHOQOL-BREF

The World Health Organization Quality of Life (WHOQOL) – BREF  
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The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. **Please choose the answer that appears most appropriate.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last four weeks.**

		Very poor	Poor	Neither poor nor good	Good	Very good
1.	How would you rate your quality of life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5

		Very poor	Poor	Neither poor nor good	Good	Very good
2.	How satisfied are you with your health?	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

		Not at all	A little	A moderate amount	Very much	Extremely
3.	To what extent do you feel that physical pain prevents you from doing what you need to do?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4.	How much do you need any medical treatment to function in your daily life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
5.	How much do you enjoy life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5

6.	To what extent do you feel your life to be meaningful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
7.	How well are you able to concentrate?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8.	How safe do you feel in your daily life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
9.	How healthy is your physical environment?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5

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

		Not at all	A little	Moderately	Mostly	Completely
10.	Do you have enough energy for everyday life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
11.	Are you able to accept your bodily appearance?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12.	Have you enough money to meet your needs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13.	How available to you is the information that you need in your day-to-day life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input checked="" type="checkbox"/> 5
14.	To what extent do you have the opportunity for leisure activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

		Very poor	Poor	Neither poor nor good	Good	Very good
15.	How well are you able to get around?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5

		Very dissatisfied	Dissatisfied	Neither satisfied or dissatisfied	Satisfied	Very satisfied
16.	How satisfied are you with you sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5

17.	How satisfied are you with your ability to perform your daily living activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
18.	How satisfied are you with your capacity for work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
19.	How satisfied are you with yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
20.	How satisfied are you with your personal relationships?	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
21.	How satisfied are you with your sex life?	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
22.	How satisfied are you with the support you get from your friends?	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
23.	How satisfied are you with the conditions of your living place?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
24.	How satisfied are you with your access to health services?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5
25.	How satisfied are you with your transport?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5

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

		Never	Seldom	Quite often	Very often	Always
26.	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> 5

**Do you have any comments about the assessment?**

SCORING:

		<i>Equations for computing domain scores</i>	Raw Score	Transformed Score
Domain 1	Physical Health	$(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18$ <b>3 + 2 + 4 + 4 + 4 + 4 + 4</b>	25	63

Domain 2	Psychological	Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26) <b>4 + 4 + 3 + 3 + 3 + 2</b>	19	56
Domain 3	Social Relationships	Q20 + Q21 + Q22 <b>2 + 2 + 2</b>	6	25
Domain 4	Environment	Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25 <b>4 + 4 + 3 + 5 + 3 + 4 + 4 + 4</b>	31	75
Total Score			81/4 = 20.25	219/4 = 54.7

### Narrative Summary of Findings

Here's an example of how you might document the above findings:

Findings from the World Health Organization Quality of Life Bref (WHO-QOL-BREF) indicate client's perception of the quality of environment as adequate (Environment = 75); with slightly reduced satisfaction with physical health (Physical Health = 63). Of most concern is the client's report of poor psychological health (Psychological Health = 56) and lack of quality social relationships (Social Relationships = 25). Client additionally reported overall satisfaction with health as Poor and overall QOL as Good. The average of all domain scores yielded a 54.75 indicating moderate QOL perception.