**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.**

**Name** **Date Administered**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very poor | Poor | Neither poor nor good | Good | Very good |
| 1. | How would you rate your quality of life? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very poor | Poor | Neither poor nor good | Good | Very good |
| 2. | How satisfied are you with your health? | 1 | 2 | 3 | 4 | 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? | 1 | 2 | 3 | 4 | 5 |
| 4. | How much do you need any medical treatment to function in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 5. | How much do you enjoy life? | 1 | 2 | 3 | 4 | 5 |
| 6. | To what extent do you feel your life to be meaningful? | 1 | 2 | 3 | 4 | 5 |
| 7. | How well are you able to concentrate? | 1 | 2 | 3 | 4 | 5 |
| 8. | How safe do you feel in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 9. | How healthy is your physical environment? | 1 | 2 | 3 | 4 | 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? | 1 | 2 | 3 | 4 | 5 |
| 11. | Are you able to accept your bodily appearance? | 1 | 2 | 3 | 4 | 5 |
| 12. | Have you enough money to meet your needs? | 1 | 2 | 3 | 4 | 5 |
| 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 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very poor | Poor | Neither poor nor good | Good | Very good |
| 15. | How well are you able to get around? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very dissatisfied | Dissatisfied | Neither satisfied or dissatisfied | Satisfied | Very satisfied |
| 16. | How satisfied are you with you 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 yourself? | 1 | 2 | 3 | 4 | 5 |
| 20. | How satisfied are you with your personal relationships? | 1 | 2 | 3 | 4 | 5 |
| 21. | How satisfied are you with your sex life? | 1 | 2 | 3 | 4 | 5 |
| 22. | How satisfied are you with the support you get from your friends? | 1 | 2 | 3 | 4 | 5 |
| 23. | How satisfied are you with the conditions of your living place? | 1 | 2 | 3 | 4 | 5 |
| 24. | How satisfied are you with your access to health services? | 1 | 2 | 3 | 4 | 5 |
| 25 | How satisfied are you with your transport? | 1 | 2 | 3 | 4 | 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? | 1 | 2 | 3 | 4 | 5 |

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

SCORING:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | *Equations for computing domain scores* | Raw Score | Transformed Score (0-100) |
| Domain 1 | Physical Health | (6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18  🞎+ 🞎+ 🞎+ 🞎+ 🞎+ 🞎+ 🞎 |  |  |
| Domain 2 | Psychological | Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26)  🞎+ 🞎+ 🞎+ 🞎+ 🞎+ 🞎  |  |  |
| Domain 3 | Social Relationships | Q20 + Q21 + Q22  🞎+ 🞎+ 🞎 |  |  |
| Domain 4 | Environment | Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25  🞎+🞎+ 🞎+ 🞎+ 🞎+ 🞎+ 🞎+ 🞎 |  |  |
| Total Score | | |  |  |