OPTIONAL MODULE 5: QUALITY OF LIFE

(World Health Organisation Quality of Life-BREF)

FOR STAFF ONLY	UR Number: Surname: Given name: Date of birth:
2	(Please fill in if no label available)

PURPOSE OF MODULE

To assess the client's perceived quality of life.

WHO CAN ADMINISTER THIS MODULE?

This module can be self-administered by the client if they have the ability or desire to do so, or can be administered by the clinician.

INTRODUCTION FOR CLIENT

"Now I am going to ask you about 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."

INSTRUCTIONS

- 1. Introduce module to client.
- 2. Ask all questions and circle responses on the 5-point scale provided.
- 3. Score module using the scoring guide.
- 4. Re-administer to monitor progress.

	VERY POOR	POOR	NEITHER POOR NOR GOOD	GOOD	VERY GOOD
1. How would you rate the quality of your life?	1	2	3	4	5

	VERY DISSATISFIED	DISSATISFIED	NEITHER SATISFIED NOR DISSATISFIED	SATISFIED	VERY Satisfied
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 two weeks.

	NOT AT ALL	A LITTLE	A MODERATE AMOUNT	VERY MUCH	AN EXTREME AMOUNT
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

FOR STAFF ONLY			
Clinician name:	Position:	Signature:	Date:



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	NOT AT ALL	A LITTLE	A MODERATE AMOUNT	VERY MUCH	AN EXTREME AMOUNT
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 two 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

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Clinician name: Position: Signature: Date:

UR Number: Surname: Given name: Date of birth: (Please fill in if no label available)

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.

	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 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 two 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

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STAFF ONLY	UR Number: Surname: Given name:
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The WHOQOL-BREF assesses four domains of quality of life: physical health, psychological, social relationships and the environment.

It is possible to derive four domain scores from the WHOQOL-BREF. The four domain scores denote an individual's perception of quality of life in each particular domain.

Calculating domain scores involves two steps

STEP 1

Calculate raw scores for each domain using the table below:

DOMAIN	EQUATION FOR COMPUTING DOMAIN SCORES	RAW SCORE
1. Physical Health	(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18 + + + + + + + + + + + + + + + + + + +	=
2. Psychological	Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26)	=
3. Social relationships	Q20 + Q21 + Q22 +	=
4. Environment	Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25	=

For instance to calculate the Physical Health domain raw score, note down the client's responses to each of the relevant questions.

QUESTION	CLIENTS RESPONSE
Question 3	Very much = 4
Question 4	A moderate amount = 3
Question 10	A little = 2
Question 15	Poor = 2
Question 16	Satisfied = 4
Question 17	Satisfied = 4
Question 18	Very Satisfied = 5

Then add these responses into the equation in the table above. For example:

Physical health domain raw score

$$= (6 - 4) + (6 - 3) + 2 + 2 + 4 + 4 + 5$$

= 2 + 3 + 2 + 2 + 4 + 4 + 5

= 22

STEP 2

Convert raw scores to a transformed scores (on a 0-100 scale) using tables for each domain on the next page (i.e. if a client's raw score on the Physical Health domain is 22 then their transformed score will be 56)

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Clinician name: Position: Signature: Date:

INTERPRETATION

Higher transformed scores on each of the domains indicates higher quality of life in that particular area (i.e. someone who scores 75 on the Social relationships domain has a higher perceived quality of life in relation to Social Relationships than someone who scores 25)

ONLY	UR Number:
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TAF	Given name:
S.	Date of birth:
S.	(Please fill in if no label available)

DOMAIN 1: PH	OMAIN 1: PHYSICAL HEALTH		DOMAIN 2: PSYCHOLOGICAL		DOMAIN 3: SOCIAL RELATIONSHIPS		NVIRONMENT
RAW SCORE	TRANSFORMED SCORE	RAW SCORE	TRANSFORMED Score	RAW SCORE	TRANSFORMED Score	RAW SCORE	TRANSFORMED SCORE
7	0	6	0	3	0	8	0
8	6	7	6	4	6	9	6
9	6	8	6	5	19	10	6
10	13	9	13	6	25	11	13
11	13	10	19	7	31	12	13
12	19	11	19	8	44	13	19
13	19	12	25	9	50	14	19
14	25	13	31	10	56	15	25
15	31	14	31	11	69	16	25
16	31	15	38	12	75	17	31
17	38	16	44	13	81	18	31
18	38	17	44	14	94	19	38
19	44	18	50	15	100	20	38
20	44	19	56			21	44
21	50	20	56			22	44
22	56	21	63			23	50
23	56	22	69			24	50
24	63	23	69			25	56
25	63	24	75			26	56
26	69	25	81			27	63
27	69	26	81			28	63
28	75	27	88			29	69
29	81	28	94			30	69
30	81	29	94			31	75
31	88	30	100			32	75
32	88	This are 1.1		!!!!		33	81
33	94	This module can be repeated at different time points to monitor progress in quality of life. You can readminister this module in two weeks after the completion of the form. This is the minimum			34	81	
34	94				35	88	
35	100				36	88	
	amount of time needed, and the module should not be re-administered before two weeks time.			37	94		
		not be re-adm	inistered before tw	o weeks time.		38	94
						39	100
						40	100
						70	100

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