

Wisconsin Quality of Life Client Questionnaire

CODING & SCORING BOOK

Wisconsin Quality of Life Associates
University of Wisconsin - Madison

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Coding

Symbols Used for Numbering Questions

ID	Identification
B	Background
G	(General) Satisfaction Level
O	Occupational Activities
P	Psychological Well Being
S	Symptoms / Outlook
H	Physical Health
R	Social Relations / Support
M	Money / Economics
A	Activities of Daily Living
Q	Goal Attainment
X	Others
DW	Domain Weights

Your Name: ID1

ID #: ID2

Date of Completion: ID3

Location: ID4

Directions: We are interested in your views and feelings. The questions in this booklet ask for your opinions about the quality of your life. When you answer each question please indicate the response which most closely reflects your opinion.

You are the person who knows best how you feel about these questions. If you would like someone to help you in filling out this questionnaire and a friend or family member is not available, please contact a staff member to assist you.

Note: If this form was filled out by someone other than you,

please indicate who helped: ID5

Relationship to you: ID6

B. BACKGROUND INFORMATION

B1 What is your date of birth? MM/DD/YY

B2 You are? 1 Male 2 Female

B3 What is your highest grade completed: XX

B4 What is your current relationship/marital status?

- 1 Single/Never Married
- 2 Married
- 3 Divorced
- 4 Committed relationship
- 5 Separated
- 6 Spouse deceased

B5 How many times have you been married? XX

What is the source of your income? **For each box: 1 if checked, 0 otherwise**

- B6 Paid employment
- B7 Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)
- B8 Veterans disability or pension benefits
- B9 General assistance
- B10 AFDC
- B11 Unemployment compensation
- B12 Retirement, investment or savings
- B13 Alimony or child support
- B14 Money shared by your spouse/partner
- B15 Money from your family
- B16 Other source: _____

What is your racial/ethnic background? **For each box: 1 if checked, 0 otherwise**

- B17 American Indian/Native American
- B18 Asian
- B19 African American
- B20 Hispanic/Latino
- B21 White
- B22 Other, please specify: _____

During the past four weeks, you lived: **For each box: 1 if checked, 0 otherwise**

- B23 alone
- B24 with roommate/friend
- B25 with children
- B26 with parents
- B27 with significant other/spouse
- B28 with other, please specify: _____

Who would you like to live with? **For each box: 1 if checked, 0 otherwise**

- B30 alone
- B31 friend/roommate
- B32 with children
- B33 with parents
- B34 with significant other/spouse
- B35 other, please specify

B36 During the past four weeks, you lived primarily:

- 1 in an apartment/home
- 2 in a boarding home
- 3 in a group home or halfway house
- 4 homeless
- 5 at school/college
- 6 in an institution (i.e. hospital or nursing home)
- 7 in jail/prison
- 8 other, please specify: _____

B37 Where would you like to live?

- 1 in an apartment/home
- 2 in a boarding home
- 3 in a group home or halfway house
- 4 homeless
- 5 at school/college
- 6 in an institution (i.e. hospital or nursing home)
- 7 in jail/prison
- 8 other, please specify: _____

G. SATISFACTION LEVEL

	Very dissatisfied	Moderately dissatisfied	A little dissatisfied	Neither satisfied or dissatisfied	A little satisfied	Moderately satisfied	Very satisfied
G1 How satisfied or dissatisfied are you with the way you spend your time?	-3	-2	-1	0	1	2	3
G2 How satisfied or dissatisfied are you when you are alone?	-3	-2	-1	0	1	2	3
G3 How satisfied or dissatisfied are you with your housing?	-3	-2	-1	0	1	2	3
G4 How satisfied or dissatisfied are you with your neighborhood as a place to live in?	-3	-2	-1	0	1	2	3
G5 How satisfied or dissatisfied are you with the food you eat?	-3	-2	-1	0	1	2	3
G6 How satisfied or dissatisfied are you with the clothing you wear?	-3	-2	-1	0	1	2	3
G7 How satisfied or dissatisfied are you with the mental health services you use?	-3	-2	-1	0	1	2	3
G8 How satisfied or dissatisfied are you with your access to transportation?	-3	-2	-1	0	1	2	3
G9 How satisfied or dissatisfied are you with your sex life?	-3	-2	-1	0	1	2	3
G10 How satisfied or dissatisfied are you with your personal safety?	-3	-2	-1	0	1	2	3

We have asked how satisfied you are with different parts of your life. Now we would like to know how important each of these aspects of your life are.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
GW1 How important to you is the way you spend your time?	1	2	3	4	5
GW2 How important is it to feel comfortable when alone?	1	2	3	4	5
GW3 How important is your housing?	1	2	3	4	5
GW4 How important is your neighborhood as a place to live in?	1	2	3	4	5
GW5 How important to you is the food you eat?	1	2	3	4	5
GW6 How important to you is the clothing you wear?	1	2	3	4	5
GW7 How important to you are the mental health services that you use?	1	2	3	4	5
GW8 How important to you is your access to transportation?	1	2	3	4	5
GW9 How important to you is your sex life?	1	2	3	4	5
GW10 How important to you is your personal safety?	1	2	3	4	5

O. ACTIVITIES AND OCCUPATIONS

O1 During the **past four weeks**, you have:

- 3 been working/studying or doing housework in your usual manner
- 0 been working/studying or doing housework but less often
- 3 stopped working/studying or doing housework

O2 About how many hours a week do you work or go to school? Hours per week = XX

O3 What is your main activity? Choose one.

- 1 Paid employment
- 2 Volunteer or unpaid work
- 3 School
- 4 Treatment/rehabilitation program
- 5 Craft/leisure time/hobbies
- 6 No structured activity
- 7 Other _____

O4 How satisfied or dissatisfied are you with the main activity that you do? (Check one)

-3	-2	-1	0	1	2	3
Very dissatisfied	Moderately dissatisfied	A little dissatisfied	Neither satisfied or dissatisfied	A little satisfied	Moderately satisfied	Very satisfied

O5 Do you feel that you are engaged in activities:

- 3 Less than you would like
- 0 More than you would like
- 3 As much as you want

O6 What would you like to have as your main activity?

- 1 Paid employment
- 2 Volunteer or unpaid work
- 3 School
- 4 Treatment/rehabilitation program
- 5 Craft/leisure time/hobbies
- 6 No structured activity
- 7 Other _____

P. PSYCHOLOGICAL WELL-BEING

Now we would like to know how you feel about things in your life. For each of the following questions, check the boxes that best describe how you have felt in the **past four weeks**.

	YES	NO	
P1	3	0	Pleased about having accomplished something?
P2	-3	0	Very lonely or remote from other people?
P3	-3	0	Bored?
P4	3	0	That things went your way?
P5	-3	0	So restless that you couldn't sit long in a chair?
P6	3	0	Proud because someone complimented you on something you had done?
P7	-3	0	Upset because someone criticized you?
P8	3	0	Particularly excited or interested in something?
P9	-3	0	Depressed or very unhappy?
P10	3	0	On top of the world?

P11 In the **past four weeks**, would you say that your mental health has been:

- 3 Poor
- 1.5 Fair
- 0 Good
- 1.5 Very Good
- 3 Excellent

S. SYMPTOMS/OUTLOOK

S1 During the **past four weeks**, you have:

- 3 generally felt calm and positive in outlook
- 0 been having some periods of anxiety or depression
- 3 generally been confused, frightened, anxious or depressed

S2 There are many aspects of emotional distress including feeling depression, anxiety, hearing voices, etc. In the **past four weeks**, how much distress have these symptoms caused you?

- 3 Not at all 1.5 A little 0 Some -1.5 A moderate amount -3 A lot

In the past four weeks :	Never	Occasionally	Frequently	Most of the time	Constantly
S3 How much have they interfered with your daily life?	3	1.5	0	-1.5	-3
S4 Have you felt like killing yourself?	3	1.5	0	-1.5	-3
S5 Have you felt like harming others?	3	1.5	0	-1.5	-3

H. PHYSICAL HEALTH

H1 In the **past four weeks**, you would best describe your physical health as:

- 3 Poor -1.5 Fair 0 Good 1.5 Very Good 3 Excellent

H2 How do you feel about your physical health? (Check one)

-3 Very dissatisfied	-2 Moderately dissatisfied	-1 A little dissatisfied	0 Neither satisfied or dissatisfied	1 A little satisfied	2 Moderately satisfied	3 Very satisfied
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HW2 How important to you is your physical health? (Check one)

1 Not at all important	2 Slightly important	3 Moderately important	4 Very important	5 Extremely important
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H3 Are you currently taking psychiatric medications? 1 Yes 2 No

H4 If you are currently taking psychiatric medications, do you take them as prescribed?

1 Never	2 Very infrequently	3 Sometimes	4 Quite often	5 Always
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H5 If you are currently taking psychiatric medications, do you have side effects from them?

- 5 None 4 Slight 3 Mild 2 Moderate 1 Severe

H6 If you take medications for mental health problems, do you feel the medication helps control your symptoms?

- 1 Not at all 2 Some 3 A fair amount 4 Quite a bit 5 Eliminates all symptoms

H7 How do you feel about taking your psychiatric medications?

-3 Very dissatisfied	-2 Moderately dissatisfied	-1 A little dissatisfied	0 Neither satisfied or dissatisfied	1 A little satisfied	2 Moderately satisfied	3 Very satisfied
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X. ALCOHOL & OTHER DRUGS

X1 Over the **past four weeks**, have you drank any alcohol?

1 Yes 2 No

X2 If yes, on how many days have you had any alcohol to drink? XX

X3 What do you think about your alcohol use? (Check one)

1	It is a big problem	2	It is a minor problem	3	Not a problem	4	It helps a little	5	It helps a lot
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X4 Over the **past four weeks**, have you used any street drugs (cocaine, marijuana, heroine, LSD, etc.)?

1 Yes 2 No

X5 If yes, on how many days have you used any street drugs? XX

X6 What do you think about your drug use? (Check one)

1	It is a big problem	2	It is a minor problem	3	Not a problem	4	It helps a little	5	It helps a lot
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R. SOCIAL RELATIONS / SUPPORT

	Very dissatisfied	Moderately dissatisfied	A little dissatisfied	Neither satisfied nor dissatisfied	A little satisfied	Moderately satisfied	Very satisfied
R1 How satisfied or dissatisfied are you with the number of friends you have?	-3	-2	-1	0	1	2	3
R2 How satisfied or dissatisfied are you with how you get along with your friends? No friends [8]	-3	-2	-1	0	1	2	3
R3 How satisfied or dissatisfied are you with your relationship with your family? No family [8]	-3	-2	-1	0	1	2	3
R4 If you live with others, how satisfied or dissatisfied are you with the people you live with? Live alone [8]	-3	-2	-1	0	1	2	3
R5 How satisfied or dissatisfied are you with how you get along with other people?	-3	-2	-1	0	1	2	3
R6 How many people do you count as your friends?	0 none	1 [1-2]	2 [3-5]	3 over 5			

IMPORTANCE LEVEL

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
RW1 How important is it to have an adequate number of friends?	1	2	3	4	5
RW2 How important is it to get along with your friends?	1	2	3	4	5
RW3 How important are family relationships?	1	2	3	4	5
RW4 If you live with others, how important are the people with whom you live?	1	2	3	4	5
RW5 How important is it to get along with others?	1	2	3	4	5

R7 During the **past four weeks**, you have (choose one):

- 3 been having good relationships with others and receiving support from family and friends
- 0 been receiving only moderate support from family and friends
- 3 had infrequent support from family and friends or only when absolutely necessary

M. MONEY

M1 Are you paid for working or attending school? 2 Yes 1 No

How do you feel about the amount of money you have?

-3 Very dissatisfied	-2 Moderately dissatisfied	-1 A little dissatisfied	0 Neither satisfied or dissatisfied	1 A little satisfied	2 Moderately satisfied	3 Very satisfied
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How satisfied are you about the amount of control you have over your money?

-3 Very dissatisfied	-2 Moderately dissatisfied	-1 A little dissatisfied	0 Neither satisfied or dissatisfied	1 A little satisfied	2 Moderately satisfied	3 Very satisfied
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How important to you is money?

1 Not at all important	2 Slightly important	3 Moderately important	4 Very important	5 Extremely important
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How important is it to you to have control over your money?

1 Not at all important	2 Slightly important	3 Moderately important	4 Very important	5 Extremely important
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M4 How often does lack of money keep you from doing what you want to do?

- 3 Never
- 1 Sometimes
- 1 Frequently
- 3 Almost always

A. ACTIVITIES OF DAILY LIVING

Below are activities that you may have participated in recently. Please check YES or NO to indicate whether you have done the activity in the **past four weeks**.

		YES	NO			YES	NO
A1	Gone to a restaurant or coffee shop	3	-3	A4	Gone shopping	3	-3
A2	Gone for a ride in a bus or car	3	-3	A5	Prepared a meal	3	-3
A3	Cleaned the room/apartment/home	3	-3	A6	Done the laundry	3	-3

A7 During the **past four weeks** you:

- 3 have been able to do most things on your own (such as shopping, getting around town, etc.)
- 0 have needed some help in getting things done
- 3 have had trouble getting tasks done, even with help

A8 In the **past four weeks**, how often have you had any problems with personal grooming (e.g. taking showers, brushing teeth)?

- 3 Never
- 1 Sometimes
- 1 Frequently
- 3 Almost always

Q. GOAL ATTAINMENT

What do you hope to accomplish as a result of your mental health treatment? Please write below up to 3 goals:

Q1 Goal _____ Taxonomy _____

How important is this goal? (*No response = 999*)

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

Q2 Goal _____ Taxonomy _____

How important is this goal?

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

Q3 Goal _____ Taxonomy _____

How important is this goal?

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

AQ. GOAL ATTAINMENT

Please write below your *agreed upon goals*? Please list up to 3 goals:

AQ1 Goal _____ Taxonomy _____

How important is this goal? (*No response = 999*)

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

AQ2 Goal _____ Taxonomy _____

How important is this goal?

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

AQ3 Goal _____ Taxonomy _____

How important is this goal?

Not at all **Extremely**
important 1 2 3 4 5 6 7 8 9 10 **important** **999**

To what extent has this goal been achieved?

Not at all **Completely**
achieved 1 2 3 4 5 6 7 8 9 10 **achieved** **999**

OTHER

Below are activities that you may have participated in recently. Please check Yes or No to indicate whether you have done the activity in the **past four weeks**.

	YES	NO			YES	NO	
X7	1	0	Gone for a walk	X12	1	0	Gone to a social group
X8	1	0	Gone to a movie or play	X13	1	0	Read a magazine or newspaper
X9	1	0	Watched TV	X14	1	0	Gone to church, synagogue, mosque
X10	1	0	Played cards	X15	1	0	Listened to a radio
X11	1	0	Played a sport	X16	1	0	Gone to a library

Q4 Please check the box below to indicate how you feel about your quality of life during the **past four weeks**. Lowest quality means things are as bad as they could be. Highest quality means things are the best they could be.

LOWEST QUALITY 1 2 3 4 5 6 7 8 9 10 **HIGHEST QUALITY**

Q5 If your quality of life is less than you hope for, how hopeful are you that you will eventually achieve your desired quality of life?

1 Not at all 2 Somewhat 3 Moderately 4 Very

Q6 How much control do you feel you have over the important areas of your life?

1 None 2 Some 3 A moderate amount 4 A great amount

Which of the following factors do you think are most important in determining your quality of life?	Not important	Slightly important	Moderately important	Very important	Extremely important
DW1 Work, school or other occupational activities	1	2	3	4	5
DW2 Your feeling about yourself	1	2	3	4	5
DW3 Your physical health	1	2	3	4	5
DW4 Friends, family, people you spend time with	1	2	3	4	5
DW5 Having enough money	1	2	3	4	5
DW6 Ability to take care of yourself	1	2	3	4	5
DW7 Your mental health	1	2	3	4	5
DW8 Other, please specify:	1	2	3	4	5

X17 Is there anything else you would like us to know?

W-QLI CLIENT SCORING MANUAL

Note on missing data:

Nonresponse to an item should be coded as 999 and those items should not be included in the calculation of scores. Multiple responses to the same question should be coded as 998 and likewise should be excluded from score calculations.

The following are the minimal number of valid responses needed for scoring, by domain. If more responses than allowable are missing, the subscale score will be assigned a missing data value.

G General Satisfaction Level: 7/10

O Occupational Activities: 3/3

P Psychological Well Being: 10/11 (data required for P11)

S Symptoms / Outlook: 4/5

H Physical Health: 2/2

R Social Relations / Support: data required for R1, R2, and R5

M Money / Economics: 2/3

A Activities of Daily Living: 7/8 (data required for A7 and A8)

Item Scoring

There are two types of questions in the questionnaire:

1. “assessment questions” which allow the respondent to indicate the level of “satisfaction” with a particular item of quality of life
2. “weighting questions” which allow the respondent to indicate the relative importance of a particular item or dimension of quality of life.

General Satisfaction Level

Unweighted Average Domain Score (G)

$$G = \text{average}(G1, G2, \dots, G10)$$

Average Weight Score (DWGI)

$$DWGI = \text{average}(GW1, GW2, \dots, GW10)$$

Note: minimum data required: 7/10

Weighted Domain Score (DWG)

$$DWG = ((G1*GW1) + (G2*GW2) + \dots + (G10*GW10))$$

Note: if any G_i or GW_i is missing, exclude the corresponding GW_i or G_i in the calculation of DWG.
minimum data required: 7 of 10 G/GW pairs

Weighted Average Domain Score (WG)

$$WG = DWG / (GW1 + GW2 + \dots + GW10)$$

Note: if G_i is missing, do not include the corresponding GW_i in the calculation of the denominator.

Occupational Activities

$$O = \text{average}(O1, O4, O5)$$

Psychological Well Being

If 11/11 valid responses:

$$P = [P11 + (\text{sum}(P1, P2, \dots, P10) / 5)] / 2$$

If 10/11 valid responses:

$$P = [P11 + (\text{sum}(P1, P2, \dots, P10) / 4.5)] / 2$$

Symptoms/Outlook

$$S = \text{average}(S1, S2, S3, S4, S5)$$

Physical Health

$$H = \text{average}(H1, H2)$$

Alcohol & Other Drugs

The alcohol and other drugs questions are not part of any domain. These questions are used to analyze outcomes for populations with and without alcohol and/or drug problems. They can be useful in terms of segmenting populations.

Social Relations/Support

Unweighted Average Domain Score (R)

$$R = \text{average}(R1, R2, R3, R4, R5, R7)$$

Weighted Domain Score (DWR)

$$DWR = ((R1 * RW1) + (R2 * RW2) + (R3 * RW3) + (R4 * RW4) + (R5 * RW5))$$

Note: if any R_i or RW_i is missing, exclude the corresponding RW_i or R_i in the calculation of DWR.
minimum data required: 3 of 5 R/RW pairs

Weighted Average Domain Score (WR)

$$WR = (R7 + DWR) / (RW1 + RW2 + RW3 + RW4 + RW5)$$

Note: if R_i is missing, do not include the corresponding RW_i in the calculation of the denominator

Money

$$M = \text{average}(M2, M3, M4)$$

Activities of Daily Living

$$A = [A7 + A8 + \text{average}(A1, A2, A3, A4, A5, A6)] / 3$$

Weighted W-QLI Total Score

Items DW1 through DW7 are domain weights for occupational activities (O), psychological well-being (P), physical health (H), social relations (R), money (M), activities of daily living (A), and symptoms (S). Minimum data requirement is 7/7: if any of the domain scores are missing, the subscale score will be assigned a missing data value.

Weighted W-QLI Score

$$\frac{(DWGI * G) + (DW1 * O) + (DW2 * P) + (DW3 * H) + (DW4 * R) + (DW5 * M) + (DW6 * A) + (DW7 * S)}{DWGI + DW1 + DW2 + DW3 + DW4 + DW5 + DW6 + DW7}$$

Unweighted W-QLI Score

$$\frac{G + O + P + H + R + M + A + S}{8}$$