

**Quality of Life Index**  
**For Adults Questionnaire**  
Coding and Scoring Book

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## Coding

### Symbols Used for Numbering Questions

- ID Identification
- B Background Information
- H Physical Health
- C Self-Care
- S Pain and Symptoms
- R Social Relations and Support
- P Psychological Well-Being
- X Spirituality and Other Issues
- Q Goal Attainment
- DW Domain Weights

Your Name: ID1

Today's Date: ID2

What is your date of birth? ID3

***Directions:*** We are interested in your views and feelings about your health status and 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 the questionnaire please

indicate who helped: ID5

Relationship to you: ID6

**Thank you for completing this questionnaire.**

## BACKGROUND INFORMATION

This questionnaire asks for your views about your health status and quality of life. Please begin by providing the following information about yourself. Please check (✓) the best answer.

.....  
B1 You are?              1   Male              2   Female  
.....

B2 What is your highest school grade completed:   XX    
.....

B3 What is your current marital status? Please check (✓) the most appropriate answer.

<u>  1  </u> Single/Never Married	<u>  4  </u> Separated
<u>  2  </u> Married	<u>  5  </u> Spouse deceased
<u>  3  </u> Divorced	<u>  6  </u> Living with partner (but not married)

.....  
B4 What is your racial/ethnic background? Please check (✓) the most appropriate answer.

<u>  1  </u> American Indian/Native American	<u>  4  </u> Hispanic/Latino
<u>  2  </u> Asian	<u>  5  </u> White
<u>  3  </u> African American	<u>  6  </u> Other, specify: _____

.....  
B5 What is your religious affiliation? Please check (✓) the most appropriate answer.

<u>  1  </u> Catholic	<u>  4  </u> Muslim
<u>  2  </u> Jewish	<u>  5  </u> Other specify: _____
<u>  3  </u> Protestant	<u>  6  </u> None

.....  
B6 Who do you currently live with? Please check (✓) the most appropriate answer.

<u>  1  </u> Living alone	4 Other, please explain. _____
<u>  2  </u> Living with spouse or children	
<u>  3  </u> Living with non-relative	

.....  
B7 What is your current living arrangement? Please check (✓) the most appropriate answer.

<u>  1  </u> Living in own home	<u>  4  </u> Living in an institution
<u>  2  </u> Living in an apartment	<u>  5  </u> Living in an assisted living facility
<u>  3  </u> Living in a board and care facility	<u>  6  </u> Other, please explain. _____

\_\_\_\_\_

B8 What is your primary source of support? Please check (✓) the most appropriate answer.

- |  |                                   |
|--|-----------------------------------|
| <u>  1  </u> Savings, Interest Dividends | <u>  6  </u> Annuity              |
| <u>  2  </u> Pensions                    | <u>  7  </u> Veterans' Benefits   |
| <u>  3  </u> Family and Friends          | <u>  8  </u> Disability Insurance |
| <u>  4  </u> Public Investments          | <u>  9  </u> Job                  |
| <u>  5  </u> Social security             | 10 Other, please specify _____    |

## PHYSICAL HEALTH

The following questions refer to your health status. Please check (✓) the most appropriate answer.

H1 In general, would you say your physical health is:

- 1   Poor     2   Fair     3   Good     4   Very Good     5   Excellent

H2 Compared to one year ago, how would you rate your health in general now?

- 1   Much     2   Somewhat     3   About the     4   Somewhat     5   Much  
Worse                      Same                      Better                      Better

Please choose the answer that best describes how true or false the following statements are for you.

H3 Compared to others my age, my health is as good as can be expected.

- 1   Definitely     2   Mostly     3   Not     4   Mostly     5   Definitely  
False                      False                      Sure                      True                      True

H4 I expect my health to get worse.

- 1   Definitely     2   Mostly     3   Not     4   Mostly     5   Definitely  
True                      True                      Sure                      False                      False

H5 Do you take medication for your health?   1   Yes     2   No

H5a If yes, how many different medications do you take?   XX  

YES                      NO

H5b Do you require help in taking your medications correctly?   1       2  

H5c Are you bothered by side effects from your medications?   1       2

During the **past four weeks**, have your activities been limited in any of the following ways due to problems with your physical health?

	Yes, completely	Yes, limited a lot	Yes, limited some	Yes, limited a little	No, not limited
H6 Limited the <b>kind</b> of activities you could do?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
H7 Limited the <b>amount</b> of time you could do other activities?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
H8 Limited you in <b>performing</b> self-care?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

The following questions are about activities you might do on a typical day. In the **past four weeks**, has your health limited you in any of the following activities?

	All Days	Most Days	Some Days	Few Days	No Days
H9 <b>Moderate Activities</b> , such as moving a table, pushing a vacuum cleaner, bowling or playing golf.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
H10 <b>Lifting</b> or carrying groceries.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
H11 Climbing <b>several</b> flight stairs.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
H12 Climbing <b>one</b> flight of stairs.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
H13 <b>Bending</b> , kneeling or ng. stooping.	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
H14 Walking <b>several blocks</b> .	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
H15 Walking <b>one block</b> .	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
H16 Walking <b>short distances</b> . (e.g. around your house)	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

## SELF-CARE

These questions refer to self-care tasks. Please check (✓) the most appropriate answer.

During the **past four weeks...**:

	All Days	Most Days	Some Days	Few Days	No Days
C1 Did you need help with taking a bath or shower?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
C2 Did you need help to get dressed?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
C3 Did you need help to use the toilet?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
C4 Did you need help eating?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
C5 Did you need help to get in or out of bed?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>

These questions refer to household tasks. Please check (✓) the most appropriate answer.

During the **past four weeks...**:

	All Days	Most Days	Some Days	Few Days	No Days
C6 Have you been able to go shopping for groceries without help?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
C7 Have you been able to prepare your own meals without help?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
C8 Have you been able to do your own housework without help?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
C9 Have you been able to do your own laundry without help?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>

## PAIN AND SYMPTOMS

S1 How much pain have you had during the **past four weeks** (check one)?

  1   Very Severe     2   Severe     3   Moderate     4   Mild     5   Very Mild     6   None

S2 During the **past four weeks**, how much has pain interfered with your normal activities? (check one)

  5   Not at all     4   Slightly     3   Moderately     2   Very much     1   Completely Interferes

S3 Do you take pain medication?     1   Yes     2   No

S3a If yes: Is your pain controlled by the medication you take?

  1   Not at all     2   Some     3   Moderately     4   Quite a bit     5   Completely Controls Pain

## SOCIAL RELATIONS / SUPPORT

	Very dissatisfied	Somewhat dissatisfied	Neither satisfied or dissatisfied	Somewhat satisfied	Very satisfied
R1 How satisfied or dissatisfied are you with your relationships with family or friends?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
<u>  8  </u> No family or friends					

R2 How satisfied or dissatisfied are you with the amount of support you receive from family and friends?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
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R3 During the **past four weeks**, did you feel that your family or friends would be around if you needed assistance?

  5   Always     4   Often     3   Sometimes     2   Seldom     1   Never

R4 During the **past four weeks**, how often did you go to a religious activity (e.g. church, synagogue, etc.) or attend a community activity?         XX       (number of times)

R5 During the **past four weeks**, did your physical health limit your ability to socialize with family or friends?

  1   Always     2   Often     3   Sometimes     4   Seldom     5   Never



R6 During the **past four weeks**, did your emotional health limit your ability to socialize with family or friends?

  1   Always   2   Often   3   Sometimes   4   Seldom   5   Never

## PSYCHOLOGICAL WELL-BEING

These questions are about how you have felt during the **past four weeks**. How much of the time. . .

	All Days	Most Days	Some Days	Few Days	No Days
P1 Did you feel full of pep?	<u>  5  </u>	<u>  4  </u>	<u>  3  </u>	<u>  2  </u>	<u>  1  </u>
P2 Have you been nervous?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
P3 Did you feel down in the dumps?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
P4 Have you felt peaceful and content?	<u>  5  </u>	<u>  4  </u>	<u>  3  </u>	<u>  2  </u>	<u>  1  </u>
P5 Did you feel your life had purpose?	<u>  5  </u>	<u>  4  </u>	<u>  3  </u>	<u>  2  </u>	<u>  1  </u>
P6 Have you felt hopeful about the future?	<u>  5  </u>	<u>  4  </u>	<u>  3  </u>	<u>  2  </u>	<u>  1  </u>
P7 Have you worried about dying?	<u>  1  </u>	<u>  2  </u>	<u>  3  </u>	<u>  4  </u>	<u>  5  </u>
P8 Did you feel life was worthwhile?	<u>  5  </u>	<u>  4  </u>	<u>  3  </u>	<u>  2  </u>	<u>  1  </u>
P9 Did you feel in control of your life?	<u>  5  </u>	<u>  4  </u>	<u>  3  </u>	<u>  2  </u>	<u>  1  </u>

P10 During the **past four weeks**, have you experienced a major loss?   1   Yes   2   No

Please indicate below if during the **past four weeks**, your activities have been limited in any of the following ways due to emotional difficulties.

	<b>Yes, completely limited</b>	<b>Yes, limited a lot</b>	<b>Yes, limited some</b>	<b>Yes, limited a little</b>	<b>No, not limited</b>
P11 Limited the <b>kind</b> of activities you could do?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
P12 Limited the <b>amount</b> of time you could do activities?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
P13 Limited you in <b>performing</b> self-care or activities?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>

To what extent are you experiencing difficulty in the area of:

	<b>All Days</b>	<b>Most Days</b>	<b>Some Days</b>	<b>Few Days</b>	<b>No Days</b>
P14 Managing Day-to-Day Life (making decisions, handling money)?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
P15 Getting enough sleep?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
P16 Maintaining an adequate diet?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
P17 Concentration, memory or confusion?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
P18 Depression, hopelessness?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
P19 Sexual activity?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
P20 Mood swings?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
P21 Drinking alcoholic beverages?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
P22 Misusing drugs (including prescription drugs)?	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>



