WISCONSIN QUALITY OF LIFE
CLIENT QUESTIONNAIRE
Wisconsin Quality of Life Associates
University of Wisconsin - Madison

Your Name: _______________________________  ID #: ___________

Date of Completion: ___/___/___  Location: _____________________

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: ________________________________

Relationship to you: ________________________________

THIS INSTRUMENT IS NOT FOR CIRCULATION OR CITATION

BACKGROUND INFORMATION

What is your date of birth? ____ / ____ / ____

You are?   ☐ Male   ☐ Female

What is your highest school grade completed: ___________________________

What is your current relationship/marital status?
☐ Single/Never married   ☐ Committed relationship
☐ Married                ☐ Separated
☐ Divorced               ☐ Spouse deceased

How many times have you been married? ____

What is the source of your income?  (Check all that apply)
☐ Paid employment
☐ Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)
☐ Veterans disability or pension benefits
☐ General assistance
☐ AFDC
☐ Unemployment compensation
☐ Retirement, investment or savings
☐ Alimony or child support
☐ Money shared by your spouse/partner
☐ Money from your family
☐ Other source: __________________________

What is your racial/ethnic background?  (Check all that apply)
☐ American Indian/Native American
☐ Hispanic/Latino
☐ Asian
☐ White
☐ African American
☐ Other , please specify: ___________________

During the past four weeks, you lived:  (Check all that apply)
☐ alone
☐ with roommate/friend
☐ with children
☐ with parents
☐ with significant other/spouse
☐ with other, please specify: __________________________

Who would you like to live with? (Check all that apply)
☐ alone
☐ friend/roommate
☐ with children
☐ with parents
☐ with significant other/spouse
☐ with other, please specify: __________________________

During the past four weeks, you lived primarily: (Check one)
☐ in an apartment/home
☐ at school/college
☐ in a boarding home
☐ in an institution (i.e. hospital or nursing home)
☐ in an group home or halfway house
☐ in jail/prison
☐ homeless
☐ other, please specify: __________________________

Where would you like to live? (Choose one)
☐ in an apartment/home
☐ at school/college
☐ in a boarding home
☐ in an institution (i.e. hospital or nursing home)
☐ in an group home or halfway house
☐ in jail/prison
☐ homeless
☐ other, please specify: __________________________
**SATISFACTION LEVEL**

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<th>Moderately dissatisfied</th>
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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.

<table>
<thead>
<tr>
<th></th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
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</table>
**ACTIVITIES AND OCCUPATIONS**

During the **past four weeks**, you have: (Check one)
- [ ] been working/studying or doing housework in your usual manner
- [ ] been working/studying or doing housework but less often
- [ ] stopped working/studying or doing housework

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

What is your main activity?  (Check one).
- [ ] Paid employment
- [ ] Volunteer or unpaid work
- [ ] School
- [ ] Treatment/rehabilitation program
- [ ] Craft/leisure time/hobbies
- [ ] No structured activity
- [ ] Other, please specify: ___________________

How satisfied or dissatisfied are you with the main activity that you do? (Check one)
- [ ] Very dissatisfied
- [ ] Moderately dissatisfied
- [ ] A Little dissatisfied
- [ ] Neither satisfied nor dissatisfied
- [ ] A little satisfied
- [ ] Moderately satisfied
- [ ] Very satisfied

Do you feel that you are engaged in activities: (Choose one)
- [ ] Less than you would like
- [ ] More than you would like
- [ ] As much as you want

What would you like to have as your main activity?
- [ ] Paid employment
- [ ] Volunteer or unpaid work
- [ ] School
- [ ] Treatment/rehabilitation program
- [ ] Craft/leisure time/hobbies
- [ ] No structured activity
- [ ] Other, please specify: ___________________

**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**.

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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In the **past four weeks**, would you say that your mental health has been:
- [ ] Poor
- [ ] Fair
- [ ] Good
- [ ] Very good
- [ ] Excellent
SYMPTOMS/OUTLOOK

During the past four weeks, you have: (Check one)

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

There are many aspects of emotional distress including feelings of depression, anxiety, hearing voices, etc. In the past four weeks, how much distress have these symptoms caused you?: (Check one)

- Not at all
- A little
- Some
- A moderate amount
- A lot

<table>
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<tr>
<th>In the past four weeks:</th>
<th>Never</th>
<th>Occasionally</th>
<th>Frequently</th>
<th>Most of the time</th>
<th>Constantly</th>
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<tr>
<td>How much has feelings of depression, anxiety, etc. interfered with your daily life?</td>
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<td>Have you felt like killing yourself?</td>
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<td>Have you felt like harming others?</td>
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PHYSICAL HEALTH

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

- Poor
- Fair
- Good
- Very good
- Excellent

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

- Very dissatisfied
- Moderately dissatisfied
- A little dissatisfied
- Neither satisfied nor dissatisfied
- A little satisfied
- Moderately satisfied
- Very satisfied

How important to you is your physical health? (Check one)

- Not at all important
- Slightly important
- Moderately important
- Very important
- Extremely important

Are you currently taking psychiatric medications?  Yes  No (If no, go to next page)

If you are currently taking psychiatric medications, do you take them as prescribed? (Check one)

- Never
- Sometimes
- Always
- Very infrequently
- Quite often

If you are currently taking psychiatric medications, do you have side effects from them?

- None
- Slight
- Mild
- Moderate
- Severe

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

- Not at all
- Some
- A fair amount
- Quite a bit
- Eliminates all symptoms

How do you feel about taking your psychiatric medications?

- Very dissatisfied
- Moderately dissatisfied
- A little dissatisfied
- Neither satisfied nor dissatisfied
- A little satisfied
- Moderately satisfied
- Very satisfied
**ALCOHOL & OTHER DRUGS**

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

☐ Yes  ☐ No

If yes, on how many days have you had any alcohol to drink over the **past four weeks**? _____ (number of days)

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

☐ It is a big problem  ☐ It is a minor problem  ☐ Not a problem  ☐ It helps a little  ☐ It helps a lot

Over the **past four weeks**, have you used any street drugs (cocaine, marijuana, heroin, speed, LSD, etc.)?  

☐ Yes  ☐ No

If yes, on how many days have you had any alcohol to drink over the **past four weeks**? _____ (number of days)

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

☐ It is a big problem  ☐ It is a minor problem  ☐ Not a problem  ☐ It helps a little  ☐ It helps a lot

**SOCIAL RELATIONS / SUPPORT**

<table>
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<tr>
<th>How satisfied or dissatisfied are you with the number of friends you have?</th>
<th>Very dissatisfied</th>
<th>Moderately dissatisfied</th>
<th>A little dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>A little satisfied</th>
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<th>How satisfied or dissatisfied are you with how you get along with your friends?</th>
<th>Very dissatisfied</th>
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<th>A little dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>A little satisfied</th>
<th>Moderately satisfied</th>
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<th>How satisfied or dissatisfied are you with your relationship with your family?</th>
<th>Very dissatisfied</th>
<th>Moderately dissatisfied</th>
<th>A little dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>A little satisfied</th>
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<th>If you live with others, how satisfied or dissatisfied are you with the people with whom you live?</th>
<th>Very dissatisfied</th>
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<th>How many people do you count as your friends?</th>
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<th>Over 5</th>
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### IMPORTANCE LEVEL

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<th>Moderately important</th>
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<tr>
<td>How important is it to have an adequate number of friends?</td>
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<td>How important is it to get along with your friends?</td>
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<td>How important are family relationships?</td>
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<td>If you live with others, how important are the people with whom you live?</td>
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<td>How important is it to get along with others?</td>
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During the **past four weeks**, you have (check one):
- ☐ been having good relationships with others and receiving support from family and friends
- ☐ been receiving only moderate support from family and friends
- ☐ had infrequent support from family and friends or only when absolutely necessary

### MONEY

Are you paid for working or attending school?  ☐ Yes  ☐ No

How do you feel about the amount of money you have?
- ☐ Very dissatisfied
- ☐ Moderately dissatisfied
- ☐ A little dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ A Little satisfied
- ☐ Moderately satisfied
- ☐ Very satisfied

How satisfied are you about the amount of control you have over your money?
- ☐ Very dissatisfied
- ☐ Moderately dissatisfied
- ☐ A little dissatisfied
- ☐ Neither satisfied nor dissatisfied
- ☐ A Little satisfied
- ☐ Moderately satisfied
- ☐ Very satisfied

How important is it to you?  ☐ Not at all important  ☐ Slightly important  ☐ Moderately important  ☐ Very important  ☐ Extremely important

How important is it to you to have control over your money?
- ☐ Not at all important
- ☐ Slightly important
- ☐ Moderately important
- ☐ Very important
- ☐ Extremely important

How often does lack of money keep you from doing what you want to do?
- ☐ Never
- ☐ Sometimes
- ☐ Frequently
- ☐ Almost always

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© Sample Form
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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>YES</th>
<th>NO</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gone to a restaurant or coffee shop</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gone for a ride in a bus or car</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cleaned the room/apartment/home</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gone shopping</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepared a meal</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Done the laundry</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

During the past four weeks you:

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

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

- [ ] Never
- [ ] Sometimes
- [ ] Frequently
- [ ] Almost always

GOAL ATTAINMENT

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

Goal 1: ___________________________________________________________________________________

How important is this goal?

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

To what extent has this goal been achieved?

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

Goal 2: ___________________________________________________________________________________

How important is this goal?

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

To what extent has this goal been achieved?

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

Goal 3: ___________________________________________________________________________________

How important is this goal?

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

To what extent has this goal been achieved?

Not at all achieved | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Completely achieved
GOAL ATTAINMENT

Please write below your agreed upon goals:      Date: _____/_____/

Goal 1:  

How important is this goal?

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

To what extent has this goal been achieved?

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

Goal 2:  

How important is this goal?

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

To what extent has this goal been achieved?

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

Goal 3:  

How important is this goal?

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

To what extent has this goal been achieved?

Not at all achieved: 1 2 3 4 5 6 7 8 9 10  Completely achieved
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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>YES</th>
<th>NO</th>
<th>Activity</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gone for a walk</td>
<td>☐</td>
<td>☐</td>
<td>Gone to a social group</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Gone to a movie or play</td>
<td>☐</td>
<td>☐</td>
<td>Read a magazine or newspaper</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Watched TV</td>
<td>☐</td>
<td>☐</td>
<td>Gone to church, synagogue, mosque</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Played cards</td>
<td>☐</td>
<td>☐</td>
<td>Listened to a radio</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Played a sport</td>
<td>☐</td>
<td>☐</td>
<td>Gone to a library</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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:  

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? (Check one)

☐ Not at all  ☐ Somewhat  ☐ Moderately  ☐ Very

How much control do you feel you have over the important areas of your life? (Check one)

☐ None  ☐ Some  ☐ A moderate amount  ☐ A great amount

How important are each of the following factors in determining your quality of life?

<table>
<thead>
<tr>
<th>Factor</th>
<th>Not at all important</th>
<th>Slightly important</th>
<th>Moderately important</th>
<th>Very important</th>
<th>Extremely important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work, school or other occupational activities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Your feelings about yourself</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Your physical health</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Friends, family, people you spend time with</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Having enough money</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Ability to take care of yourself</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Your mental health</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other, please specify: _____________________</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

Is there anything else you would like us to know?

This is the end of the questionnaire. Thank you for giving your opinion and sharing your responses with us. If you have any questions about this questionnaire, please call or write Marion Becker, Ph.D., University of South Florida, Department of Community Mental Health, 13301 Bruce B. Downs Blvd., MHC 1423, Tampa, Florida 33612-3899 Telephone: (813) 974-7188 Fax: (813) 974-6469 E-Mail: becker@fmhi.usf.edu