

WHOQOL-HIV BREF



MENTAL HEALTH: EVIDENCE AND RESEARCH
 DEPARTMENT OF MENTAL HEALTH
 AND SUBSTANCE DEPENDENCE
 WORLD HEALTH ORGANIZATION
 GENEVA

		Raw Score	Transformed Score	
Domain 1	$(6-Q3) + (6-Q4) + Q14 + Q21$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>			
Domain 2	$Q6 + Q11 + Q15 + Q24 + (6-Q31)$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>			
Domain 3	$(6-Q5) + Q20 + Q22 + Q23$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>			
Domain 4	$Q17 + Q25 + Q26 + Q27$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>			
Domain 5	$Q12 + Q13 + Q16 + Q18 + Q19 + Q28 + Q29 + Q30$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>			
Domain 6	$Q7 + (6-Q8) + (6-Q9) + (6-Q10)$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>			

Further copies of this document may be obtained from

Department of Mental Health and Substance Dependence
World Health Organization
CH-1211 Geneva 27
Switzerland

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ABOUT YOU

Before you begin we would like to ask you to answer a few general questions about yourself: by circling the correct answer or by filling in the space provided.

- What is your **gender**? Male / Female
- How old are you? _____ (age in years)
- What is the highest **education** you received? None at all / Primary / Secondary / Tertiary
- What is your **marital status**? Single / Married/ Living as married / Separated / Divorced / Widowed
- How is your **health**? Very Poor / Poor / Neither Poor nor Good / Good / Very Good
- Do you consider yourself currently ill? Yes / No
- If there is something wrong with you, what do you think it is? _____

Please respond to the following questions if they are applicable to you:

- What is your **HIV serostatus**? Asymptomatic / Symptomatic / AIDS converted
- In what year did you first **test positive** for HIV? _____
- In what year do you think you were infected? _____
- How do you believe you were **infected with HIV**? (circle one only):
Sex with a man / Sex with a woman / Injecting drugs / Blood products / Other (specify) _____

Instructions

This assessment asks 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. Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last two weeks**. For example, thinking about the last two weeks, a question might ask:

		Not at all	A little	A moderate amount	Very much	Extremely
11 (F5.3)	How well are you able to concentrate?	1	2	3	4	5

You should circle the number that best fits how well are you able to concentrate over the last two weeks. So you would circle the number 4 if you were able to concentrate very much. You would circle number 1 if you were not able to concentrate at all in the last two weeks.

Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.

		Very poor	Poor	Neither poor nor good	Good	Very good
1(G1)	How would you rate your quality of life?	1	2	3	4	5

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2 (G4)	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 (F1.4)	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4 (F50.1)	How much are you bothered by any physical problems related to your HIV infection?	1	2	3	4	5
5 (F11.3)	How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
6 (F4.1)	How much do you enjoy life?	1	2	3	4	5
7 (F24.2)	To what extent do you feel your life to be meaningful?	1	2	3	4	5
8 (F52.2)	To what extent are you bothered by people blaming you for your HIV status	1	2	3	4	5
9 (F53.4)	How much do you fear the future?	1	2	3	4	5
10 (F54.1)	How much do you worry about death?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	Extremely
11 (F5.3)	How well are you able to concentrate?	1	2	3	4	5
12 (F16.1)	How safe do you feel in your daily life?	1	2	3	4	5
13 (F22.1)	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
14 (F2.1)	Do you have enough energy for everyday life?	1	2	3	4	5
15 (F7.1)	Are you able to accept your bodily appearance?	1	2	3	4	5
16 (F18.1)	Have you enough money to meet your needs?	1	2	3	4	5
17 (F51.1)	To what extent do you feel accepted by the people you know?	1	2	3	4	5
18 (F20.1)	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5

19 (F21.1)	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
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		Very poor	Poor	Neither poor nor good	Good	Very good
20 (F9.1)	How well are you able to get around?	1	2	3	4	5

The following questions ask you 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
21 (F3.3)	How satisfied are you with your sleep?	1	2	3	4	5
22 (F10.3)	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
23 (F12.4)	How satisfied are you with your capacity for work?	1	2	3	4	5
24 (F6.3)	How satisfied are you with yourself?	1	2	3	4	5
25 (F13.3)	How satisfied are you with your personal relationships?	1	2	3	4	5
26 (F15.3)	How satisfied are you with your sex life?	1	2	3	4	5
27 (F14.4)	How satisfied are you with the support you get from your friends?	1	2	3	4	5
28 (F17.3)	How satisfied are you with the conditions of your living place?	1	2	3	4	5
29 (F19.3)	How satisfied are you with your access to health services?	1	2	3	4	5
30 (F23.3)	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
31 (F8.1)	How often do you have negative feelings such as blue mood, despair, anxiety, depression?	1	2	3	4	5

Did someone help you to fill out this form? _____

How long did it take to fill this form out? _____

Do you have any comments about the assessment? _____

THANK YOU FOR YOUR HELP