WHOQOL-BREF-ID

& DISABILITIES MODULE

A Measure of the Quality of Life of People with Intellectual Disabilities

Field Trial Version

3 Point Scales

Prepared by the DIS-QOL Group

January 2011
ABOUT YOU

Before you begin, we would like to ask you to answer a few general questions about yourself. Please answer by putting a cross like this X in the box beside the correct answer OR write in the space provided.

Name: ………………………………………………………………………………………………………………… (For office use only)

Gender
Male   Female

Age (in years)
Date of Birth (dd / mm / yy)

Marital status: Select the one that best describes your current situation

Single   Separated
Married   Divorced
Living with Partner   Widowed

Home location: (name of village / town / city): ………………………………………………… Post Code:…………………

Living circumstances & support: Select the one that best describes your situation

Living at home - no support required
Living at home with support from unpaid carers (e.g. partner, family, friends)
Living at home with support from paid carers
Living in community care / sheltered housing supported by staff
Living in a residential care home / nursing home
Living in a long-stay hospital
Other (please tell us what)…………………………………………………………………………

Education: What is the highest level of education you received?

None at all
Special school
Primary school
Secondary school / High school
College / University
Other (please tell us what)…………………………………………………………………………

Health status: Are you currently ill or in poor health? Yes   No

If something is wrong with your health, what do you think it is? ………………………………………………………
……………………………………………………………………………………………………… illness / problem
Disability status: Do you believe you have a disability?  
Yes [ ]  No [ ]

If you believe you have a disability, what do you think it is? ……………………………………………………………..
……………………………………………………………………………………………………………………………………………
How long have you had this disability?…………………………………………………………… (years / months)

How visible is this disability? (Do you feel other people see or notice this disability?)
Not at all [ ]  A Little [ ]  Moderately [ ]  Mostly [ ]  Totally [ ]

How much does this disability affect your life?
Hardly at all [ ]  Mildly [ ]  Moderately [ ]  Severely [ ]  Profoundly [ ]

Occupation: What is your main occupation / daytime activity?
Paid employment [ ]
Voluntary employment (unpaid) [ ]
Unemployed, currently looking for work [ ]
Education (full-time or part-time) [ ]
Day hospital / Day centre [ ]
Home-based (e.g. homemaker, household duties etc) [ ]
Retired [ ]
None [ ]
Other (please tell us what)……………………………………………………………………………………………………..

Income: Compared to other people in your country, how would you rate your financial situation and possessions?
Well above average [ ]
Slightly above average [ ]
Average [ ]
Slightly below average [ ]
Well below average [ ]

Thank you for this information
INSTRUCTIONS

This assessment asks how you feel about your quality of life, health or other areas of your life. It is just about you – you and your life.

Please keep in mind what is important to you; what makes you happy; your hopes and dreams, and your worries or concerns.

Please answer all the questions. If you are unsure about which answer to give to a question - if it is hard to pick an answer - please choose the one that seems nearest or most appropriate. This can often be the first thing that comes into your mind. Some questions include an example to help you think about your answer.

There are no right or wrong answers – just answer what is true for you. Please think about your life in the last two weeks.

For example, thinking about the last two weeks, a question might ask:

<table>
<thead>
<tr>
<th>EXAMPLE</th>
<th>☹️</th>
<th>😊</th>
<th>😊</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you get the kind of support that you need from others?</td>
<td>Not at all</td>
<td>Moderately</td>
<td>Totally</td>
</tr>
<tr>
<td>For example, do you get the kind of help you need from other people?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

In this item, the question has an example. You should circle the number that best fits your opinion about the kind of support (or help) you got from others over the last two weeks. So you would circle the number 2 if the support (or help) you got met your needs moderately, as follows:

<table>
<thead>
<tr>
<th>EXAMPLE</th>
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<td>3</td>
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</table>

Alternatively, you would circle number 1 if the support you got over the last two weeks did not meet your needs at all.

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

You may find it helpful to look at the ‘smiley faces’ that add a visual guide (a picture) to the number scales. These are available printed on separate cards also.

If you would like some help to write your answers on the form, it is OK to ask someone to do this for you.
Please think about your life in the last two weeks:

The first two questions ask about your life and health overall.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not at all</th>
<th>A Little</th>
<th>Moderately</th>
<th>Mostly</th>
<th>Totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>1G</td>
<td>Are you satisfied with your life?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>2G</td>
<td>Are you satisfied with your health?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

The following questions ask about how you have felt about certain things, how much you have been able to do certain things, or how satisfied you have been about various aspects of your life over the last two weeks.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Not at all</th>
<th>Moderately</th>
<th>Totally</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Does (physical) pain stop you from doing what you need to do?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
| 4 | Do you need any medical treatment to help you in your daily life?  
   For example, medicines. | 1 | 2 | 3 |
| 5 | Do you enjoy your life? | 1 | 2 | 3 |
| 6 | Do you feel your life has meaning?  
   For example, do you feel your life is important and has a purpose? | 1 | 2 | 3 |
| 7 | Are you able to think clearly?  
   For example, are you able to pay attention, and think carefully about things? | 1 | 2 | 3 |
| 8 | Do you feel safe in your daily life?  
   For example, at home and in the places you go to during the day. | 1 | 2 | 3 |
| 9 | Do you feel the local area you live in is healthy?  
   For example, thinking about the noise, the traffic, the pollution, the weather. | 1 | 2 | 3 |
| 10 | Do you have enough energy for everyday life?  
   For example, are you able to do things through the day without feeling tired? | 1 | 2 | 3 |
| 11 | Are you able to accept the way your body looks? | 1 | 2 | 3 |
| 12 | Do you have enough money for the things you need? | 1 | 2 | 3 |
|   | | | |
|---|---|---|
| 13 | Are you able to get the information that you need in your day-to-day life?  
For example, is it easy to find out about things you need to know in your daily life? | 1 | 2 | 3 |
| 14 | Do you get the chance to do leisure activities?  
For example, do you get the chance to do things you enjoy in your spare time? | 1 | 2 | 3 |
| 15 | Are you able to get around OK in the house and outside? | 1 | 2 | 3 |
| 16 | Are you satisfied with your sleep? | 1 | 2 | 3 |
| 17 | Are you satisfied with your ability to do your daily activities?  
For example, looking after yourself, washing, dressing, eating. | 1 | 2 | 3 |
| 18 | Are you satisfied with your ability to work?  
For example, to do your job, or your daily activities. | 1 | 2 | 3 |
| 19 | Are you satisfied with yourself as a person?  
For example, with the kind of person you are, in what you do, how you spend your time, your friendships, your achievements. | 1 | 2 | 3 |
| 20 | Are you satisfied with your personal relationships?  
For example, how you get along with the people in your life, your friends, your family, the people you live with. | 1 | 2 | 3 |
| 21 | Are you satisfied with your sex life, or your relationship with your partner?  
For example, your husband/wife, boyfriend/girlfriend. | 1 | 2 | 3 |
| 22 | Are you satisfied with the support you get from your friends? | 1 | 2 | 3 |
| 23 | Are you satisfied with what your home is like?  
For example, thinking about your home and the place you live in. | 1 | 2 | 3 |
| 24 | Are you satisfied with your access to health services?  
For example, is it easy to see the doctors, nurses or other staff who look after you when you are unwell? | 1 | 2 | 3 |
| 25 | Are you satisfied with the transport you can use?  
For example, how you get to the places you go to (e.g. by bus, car, taxi etc.). | 1 | 2 | 3 |
| 26 | Do you feel very unhappy, sad, worried or depressed? | 1 | 2 | 3 |
The next question asks about your disability overall.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>A Little</td>
<td>Moderately</td>
<td>Mostly</td>
</tr>
<tr>
<td>27G</td>
<td>Does your disability have a negative (bad) effect on your day-to-day life?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

The following questions ask about how you have felt about certain things, how much certain things have applied to you, and how satisfied you have been about various parts of your life over the last two weeks.

<table>
<thead>
<tr>
<th></th>
<th>☺</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>Moderately</td>
<td>Totally</td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Do you feel that some people treat you unfairly?</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>29</td>
<td>Do you need someone to stand up for you when you have problems?</td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
| 30 | Do you worry about what might happen to you in the future?  
For example, thinking about not being able to look after yourself, or being a burden to others in the future. | 1 | 2 | 3 |
| 31 | Do you feel in control of your life?  
For example, do you feel in charge of your life? | 1 | 2 | 3 |
| 32 | Do you make your own choices about your day-to-day life?  
For example, where to go, what to do, what to eat. | 1 | 2 | 3 |
| 33 | Do you get to make the big decisions in your life?  
For example, like deciding where to live, or who to live with, how to spend your money. | 1 | 2 | 3 |
| 34 | Are you satisfied with your ability to communicate with other people?  
For example, how you say things or get your point across, the way you understand others, by words or signs. | 1 | 2 | 3 |
| 35 | Do you feel that other people accept you? | 1 | 2 | 3 |
| 36 | Do you feel that other people respect you?  
For example, do you feel that others value you as a person, and listen to what you have to say? | 1 | 2 | 3 |
| 37 | Are you satisfied with your chances to be involved in social activities?  
    | For example, meeting friends, going out for a meal, going to a party etc. | 1 | 2 | 3 |
| 38 | Are you satisfied with your chances to be involved in local activities?  
    | For example, being part of what is happening in your local area or neighbourhood. | 1 | 2 | 3 |
| 39 | Do you feel that your dreams, hopes and wishes will happen?  
    | For example, do you feel you will get the chance to do the things you want, or get the things you wish for, in your life? | 1 | 2 | 3 |

**Do you have any comments about the questionnaire?**

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THANK YOU FOR YOUR HELP