

# Quality of Life Questionnaire

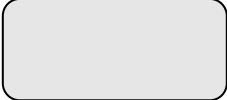
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Person's Name \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_


Person's Program \_\_\_\_\_ Evaluator \_\_\_\_\_ Test Date \_\_\_\_\_


## --RESULTS--

<b>Scale</b>	<b>Rater-1</b> (If Applicable)	<b>Rater-2</b> (If Applicable)	<b>Average Rater or Self-Report</b> (Numbers in Circles)	<b>Percentile</b>
Satisfaction	_____	_____	_____	_____
Competence/Productivity	_____	_____	_____	_____
Empowerment/Independence	_____	_____	_____	_____
Social Belonging/ Community Integration	_____	_____	_____	_____
<b>Total Score</b>	_____	_____	_____	_____

Questions	Answer Alternatives			Record Score Here
	3 Points	2 Points	1 Point	
<b>SATISFACTION</b>				
1. Overall, would you say that life:	Brings out the best in you?	Treats you like everybody else?	Doesn't give you a chance?	
2. How much fun and enjoyment do you get out of life?	Lots	Some	Not much	
3. compared to others, are you better off, about the same, or less well off?	Better	About the same	Worse	
4. Are most of the things that happen to you:	Rewarding	Acceptable	Disappointing	
5. How satisfied are you with your current home or living arrangement?	Very satisfied	Somewhat satisfied	Unsatisfied or very unsatisfied	
6. Do you have more or fewer problems than other people?	Fewer problems	The same number of problems as others	More problems than others	
7. How many times per month do you feel lonely?	Seldom, never more than once or twice	Occasionally, at least 5 or 6 times a month	Frequently, at least once or twice a week	
8. Do you ever feel out of place in social situations?	Seldom or never	Sometimes	Usually or always	
9. How successful do you think you are, compared to others?	Probably more successful than the average person	About as successful as the average person	Less successful than the average person	
10. What about your family members? Do they make you feel:	An important part of the family	Sometimes a part of the family	Like an outsider	
<b>TOTAL SCALE SCORE -- SATISFACTION</b>				

Questions	Answer Alternatives			Record Score Here
	3 Points	2 Points	1 Point	
<b>COMPETENCE/PRODUCTIVITY</b>				
11. How well did your educational or training program prepare you for what you are doing now?	Very well	Somewhat	Not at all well	
12. Do you feel your job or other daily activity is worthwhile and relevant to either yourself or others?	Yes, definitely	Probably	I'm not sure, or definitely not	
<b>Note:</b> <i>If a person is unemployed, do not ask Questions 13-20. Score items # 13-20 "1".</i>				
13. How good do you feel you are at your job?	Very good, and others tell me I am good	I'm good, but no one tells me	I'm having trouble on my job	
14. How do people treat you on your job?	The same as all other employees	Somewhat differently than other employees	Very differently	
15. How satisfied are you with the skills and experience you have gained or are gaining from your job?	Very satisfied	Somewhat satisfied	Not satisfied	
16. Are you learning skills that will help you get a different or better job? What are these skills?	Yes, definitely (one or more skills mentioned)	Am not sure, maybe (vague, general skills mentioned)	No, job provides no opportunity for learning new skills	
17. Do you feel you receive fair pay for your work?	Yes, definitely	Sometimes	No, I do not feel I am paid enough	
18. Does your job provide you with enough money to buy the things you want?	Yes, I can generally buy those reasonable things I want	I have to wait to buy some items or not buy them at all	No, I definitely do not earn enough to buy what I need	
19. How satisfied are you with the benefits you receive at the workplace?	Very satisfied	Somewhat satisfied	Not satisfied	
20. How closely supervised are you on your job?	Supervisor is present only when I need him or her	Supervisor is frequently present whether or not I need him or her	Supervisor is constantly on the job and looking over my work	
<b>TOTAL SCALE SCORE – COMPETENCE/PRODUCTIVITY</b>				

Questions	Answer Alternatives			Record Score Here
	3 Points	2 Points	1 Point	
<b>EMPOWERMENT/INDEPENDENCE</b>				
21. How did you decide to do the job or other daily activities you do now?	I chose it because of pay, benefits, or interests	Only thin available or that I could find	Someone else decided for me	
22. Who decides how you spend your money?	I do	I do, with assistance from others	Never on my own	
23. How do you use health care facilities (doctor, dentist, etc.)?	Almost always on my own	Usually accompanied by someone, or someone else has made the appointment	Never on my own	
24. How much control do you have over things you do every day, like going to bed, eating, and what you do for fun?	Complete	Some	Little	
25. When can friends visit your home?	As often as I like or fairly often	Any day, as long as someone else approves or is there	Only on certain days	
26. Do you have a key to your home?	Yes, I have a key and use it as I wish	yes, I have a key but it only unlocks certain areas	No	
27. May you have a pet if you want?	Yes, definitely	probably yes, but would need to ask	No	
28. do you have a guardian or conservator?	No, I am responsible for myself	Yes, limited guardian or conservator	Yes, I have a full guardian	
29. Are there people living with you who sometimes hurt you, pester you, scare you, or make you angry?	No	Yes, and those problems occur once a month or once a week	Yes, and those problems occur every day or more than once a day	
30. Overall, would you say that your life is:	Free	Somewhat planned for you	Cannot usually do what you want	
<b>TOTAL SCALE SCORE – EMPOWERMENT/INDEPENDENCE</b>				

Questions	Answer Alternatives			Record Score Here
	3 Points	2 Points	1 Point	
<b>SOCIAL BELONGING/ COMMUNITY INTEGRATION</b>				
31. How many civic or community clubs or organizations (including church or other religious activities) do you belong to?	2-3	1 Only	None	
32. How satisfied are you with the clubs or organizations (including church or other religious activities) do you belong to?	Very satisfied	Somewhat satisfied	Unsatisfied or very unsatisfied	
33. Do you worry about what people expect of you?	Sometimes, but not all the time	Seldom	Never or all the time	
34. How many times per week do you talk to (or associate with) your neighbors, either in the yard or in their home?	3-4 times per week	1-2 times per week	Never or all the time	
35. Do you have friends over to visit your home?	Fairly often	Sometimes	Rarely or never	
36. How often do you attend recreational activities (homes, parties, dances, concerts, plays) in your community?	3-4 per month	1-2 per month	Less than 1 per month	
37. Do you participate actively in those recreational activities?	Usually, most of the time	Frequently, about half the time	Seldom or never	
38. What about opportunities for dating or marriage?	I am married, or have the opportunity to date anyone I choose	I have limited opportunities to date or marry	I have no opportunity to date or marry	
39. How do your neighbors treat you?	Very good or good (invite you to activities, coffee, etc.)	Fair (say hello, visit, etc.)	Bad or very bad (avoid you, bother you, etc.)	
40. Overall, would you say that your life is:	Very worthwhile	Okay	Useless	
<b>TOTAL SCALE SCORE – SOCIAL BELONGING/COMMUNITY INTEGRATION</b>				

## **INSTRUCTIONS**

The QOL.Q may be administered to persons with mental retardation who have adequate receptive and expressive language. The examiner needs to be sensitive to the possibility that the respondent may not understand some of the items or the meaning of some of the words. If this happens, it is okay to paraphrase the item to improve understanding. If this happens frequently, or if the person is known not to have adequate receptive or expressive skills, it is acceptable to have two persons who know the individual well complete the Questionnaire.

### **Instructions for Respondents**

Read the following instructions to the respondent:

*I want you to think about where you live, work, and have fun, and the family, friends, and staff that you know. Together, let's answer some questions that express how you feel about these things. If you like, you can check the choices given for each item; if you like, I can check them for you after reading and discussing each of the three alternatives for each item. Please try to answer each of the items and we will take as much time as you need. There are no right or wrong answers. We want only to know how you feel about where you live, work, and have fun and the family, friends and staff that you know. Do you have any questions?*

If the respondent consents, the examiner proceeds to administer the 40 items. When reading the items, pay close attention to the exact wording. You may paraphrase items and repeat them as often as necessary to ensure the respondent's understanding of the item content.

### **Instructions for Raters**

Raters should know the person well and should complete the Questionnaire "as if they were the person" (that is, how the person is perceiving things).

Raters should complete the Questionnaire independently and without any discussion of the items or the individual.

### **Special Instructions for Employment Items**

If the person is unemployed, do not ask Questions 13-20 and assign to each question the score "1".

Sheltered workshop programs should be considered as jobs when responding to the Questionnaire.