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# WHOQOL-SRPB Field-Test Instrument

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WHOQOL Spirituality, Religiousness and Personal  
Beliefs (SRPB) Field-Test Instrument

The WHOQOL-100 QUESTIONS  
PLUS 32 SRPB QUESTIONS

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MENTAL HEALTH: EVIDENCE & RESEARCH,  
DEPARTMENT OF MENTAL HEALTH &  
SUBSTANCE DEPENDENCE  
WORLD HEALTH ORGANIZATION  
GENEVA, SWITZERLAND

# WHOQOL-SRPB FIELD-TEST INSTRUMENT

The WHOQOL-SRPB field-test instrument exists of 32 questions, covering quality of life aspects related to spirituality, religiousness and personal beliefs (SRPB). This instrument has been developed from an extensive pilot test of 105 questions in 18 centres around the world. The resulting 32-item instrument represent the finalised version of the WHOQOL-SRPB to be used for field trials.

The WHOQOL-SRPB field-test instrument is to be used in conjunction with the WHOQOL-100 (The manual of WHOQOL-100 is available from WHO in Geneva). It is a generic English version and should not be used as it stands, nor just be translated. Language/cultural versions suitable for use in a limited number of populations are available from respective listed field sites that pilot-tested the instrument. Contact information for these sites is available from WHO in Geneva. These versions are constructed by taking the corresponding 32 questions and response scales exactly as they stood in the language version that was used in the pilot test. (It should be noted that some variations exist even between the versions from the different English language centres, i.e., an American and a British version exists).

These questions respond to the definition of Quality of Life as *individuals' perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.*

Centres wishing to develop a new language or cultural version, must follow the protocol for new centres under the supervision of the Department of Mental Health & Substance Dependence, WHO, Geneva, and as mentioned above must never just make a direct translation or an unsupervised adaptation of the WHOQOL-SRPB. For further information contact the Co-ordinator, WHOQOL SRPB Group, Department of Mental Health and Substance Dependence, WHO, CH-1201 Geneva 27, Switzerland.



DEPARTMENT OF MENTAL HEALTH &  
SUBSTANCE DEPENDENCE  
WORLD HEALTH ORGANIZATION  
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**WORLD HEALTH ORGANIZATION,  
SRPB QUALITY OF LIFE GROUP**

The WHOQOL SRPB Group comprises a coordinating group of collaborating investigators in each of the field sites and a panel of consultants. Dr S. Saxena directs the project that was initiated by Dr Rex Billington. Technical assistance on the project was given by Ms K. O’Connell and Dr M Van Ommeren. This project has benefited throughout from the conceptual guidance and technical advice of Dr Lynn Underwood of the Fetzer Institute. The instrument was developed in 18 field sites: Dr Bonicato, Foundation of Oncology, La Plata, Argentina; Dr Midttun, PSI Mental Health Initiative, Vilnius, Lithuania; Dr Bisht, Sri Aurobindo International Institute, Pondicherry, India; Dr Omolo, Faculty of Health Science, Moi University, Eldoret, Kenya; Prof Fang, School of Public Health, University of Medical Sciences, Guabg Zhou, China; Dr Elbi, Medical Faculty, Egean University, Izmir, Turkey; Dr Schwartzman, Medical Psychology Department, University of Uruguay, Calabria, Uruguay; Dr Hasanah Che Ismail, Universiti Sains Malaysia, Kubang Kerian, Malaysia; Dr Tazaki, Science University of Tokyo, Tokyo, Japan; Dr De Girolamo, Laboratory of Epidemiology and Biostatistics, Clinical Institute of Health, Rome, Italy; Prof. Kamel, Faculty of Medicine, Alexandria, Egypt; Dr Amir, University of the Negev, Beer Sheva, Israel; Dr Lucas, University of Barcelona, Barcelona, Spain; Dr Chandra, Department of Psychiatry, All India Institute of Medical Sciences, New Delhi, India; Dr Fleck, Department of Psychiatry and Legal Medicine, University of the State of Rio Grande do Sul, Porto Alegre, Brazil; Dr Kitikorn, Branch of Preventive Mental Health, Department of Mental Health, Ministry of Public Health, Bangkok, Thailand; Prof Skevington, Department of Psychology, University of Bath, England. Financial support was provided by the Fetzer Institute, USA.

Further information on the WHOQOL can be obtained at:

<http://www.who.int/msa/qol/>

**Further information and detail regarding the sites can be obtained from:**

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# WHOQOL-SRPB FIELD-TEST INSTRUMENT

## Instructions

This questionnaire asks how you feel about your quality of life, health, and 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:

How much do you worry about your health?

Not at all	A little	A moderate amount	Very much	An extreme amount
1	2	3	4	5

You should circle the number that best fits how much you have worried about your health over the last two weeks. So you would circle the number 4 if you worried about your health "Very much", or circle number 1 if you have worried "Not at all" about your health. Please read each question, assess your feelings, and circle the number on the scale for each question that gives the best answer for you.

Thank you for your help

The following questions ask about **how much** you have experienced certain things in the last two weeks, for example, positive feelings such as happiness or contentment. If you have experienced these things an extreme amount circle the number next to "An extreme amount". If you have not experienced these things at all, circle the number next to "Not at all". You should circle one of the numbers in between if you wish to indicate your answer lies somewhere between "Not at all" and "Extremely". Questions refer to the **last two weeks**.

F1.2 Do you worry about your pain or discomfort?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F1.3 How difficult is it for you to handle any pain or discomfort?

Not at all 1		Slightly 2		Moderately 3		Very 4		Extremely 5
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F1.4 To what extent do you feel that (physical) pain prevents you from doing what you need to do?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F2.2 How easily do you get tired?

Not at all 1		Slightly 2		Moderately 3		Very 4		Extremely 5
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F2.4 How much are you bothered by fatigue?

None at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F3.2 Do you have any difficulties with sleeping?

None at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F3.4 How much do any sleep problems worry you?

None at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F4.4 How much do you experience positive feelings in your life?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F4.1 How much do you enjoy life?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F4.3 How positive do you feel about the future?

Not at all 1		Slightly 2		Moderately 3		Very 4		Extremely 5
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F5.3 How well are you able to concentrate?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F6.1 How much do you value yourself?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F6.2 How much confidence do you have in yourself?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F7.2 Do you feel inhibited by your looks?

Not at all 1		Slightly 2		Moderately 3		Very much 4		Extremely 5
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F7.3 Is there any part of your appearance which makes you feel uncomfortable?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F8.2 How worried do you feel?

Not at all 1		Slightly 2		Moderately 3		Very 4		Extremely 5
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F8.3 How much do any feelings of sadness or depression interfere with your everyday functioning?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F8.4 How much do any feelings of depression bother you?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F10.2 To what extent do you have difficulty in performing your routine activities?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F10.4 How much are you bothered by any limitations in performing everyday living activities?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F11.2 How much do you need any medication to function in your daily life?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F11.3 How much do you need any medical treatment to function in your daily life?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F11.4 To what extent does your quality of life depend on the use of medical substances or medical aids?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F13.1 How alone do you feel in your life?

Not at all 1		Slightly 2		Moderately 3		Very much 4		Extremely 5
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F15.2 How well are your sexual needs fulfilled?

Not at all 1		Slightly 2		Moderately 3		Very much 4		Extremely 5
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F15.4 Are you bothered by any difficulties in your sex life?

Not at all 1		Slightly 2		Moderately 3		Very 4		Extremely 5
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F16.1 How safe do you feel in your daily life?

Not at all 1		Slightly 2		Moderately 3		Very 4		Extremely 5
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F16.2 Do you feel you are living in a safe and secure environment?

Not at all 1		Slightly 2		Moderately 3		Very much 4		Extremely 5
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F16.3 How much do you worry about your safety and security?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F17.1 How comfortable is the place where you live?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F17.4 How much do you like it where you live?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F18.2 Do you have financial difficulties?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F18.4 How much do you worry about money?



Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F19.1 How easily are you able to get good medical care?

Not at all 1		Slightly 2		Moderately 3		Very 4		Extremely 5
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F21.3 How much do you enjoy your free time?

Not at all 1		A little 2		Moderately 3		Very much 4		An extreme amount 5
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F22.1 How healthy is your physical environment?

Not at all 1		Slightly 2		Moderately 3		Very 4		Extremely 5
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F22.2 how concerned are you with the noise in the area you live in?

Not at all 1		A little 2		Moderately 3		Very much 4		An extreme amount 5
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F23.2 To what extent do you have problems with transport?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F23.4 How much do difficulties with transport restrict your life?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks, for example activities of daily living such as washing, dressing or eating. If you have been able to do these things completely, circle the number next to "Completely". If you have not been able to do these things at all, circle the number next to "Not at all". You should circle one of the numbers in between if you wish to indicate your answer lies somewhere between "Not at all" and "Completely". Questions refer to the **last two weeks**.

F2.1 Do you have enough energy for everyday life?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F7.1 Are you able to accept your bodily appearance?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F10.1 To what extent are you able to carry out your daily activities?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F11.1 How dependent are you on medications?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F14.1 Do you get the kind of support from others that you need?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F14.2 To what extent can you count on your friends when you need them?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F17.2 To what degree does the quality of your home meet your needs?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F18.1 Have you enough money to meet your needs?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F20.1 How available to you is the information that you need in your day-to-day life?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F20.2 To what extent do you have opportunities for acquiring the information that you feel you need?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F21.1 To what extent do you have the opportunity for leisure activities?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F21.2 How much are you able to relax and enjoy yourself?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F23.1 To what extent do you have adequate means of transport?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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The following questions ask you to say how **satisfied, happy or good** you have felt about various aspects of your life over the last two weeks . For example, about your family life or the energy that you have. Decide how satisfied or dissatisfied you are with each aspect of your life and circle the number that best fits how you feel about this. Questions refer to the **last two weeks**.

G2 How satisfied are you with the quality of your life?

Very dissatisfied 1		Dissatisfied 2		Neither satisfied nor dissatisfied 3		Satisfied 4		Very satisfied 5
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G3 In general, how satisfied are you with your life?

Very dissatisfied 1		Dissatisfied 2		Neither satisfied nor dissatisfied 3		Satisfied 4		Very satisfied 5
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G4 How satisfied are you with your health?

Very dissatisfied 1		Dissatisfied 2		Neither satisfied nor dissatisfied 3		Satisfied 4		Very satisfied 5
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F2.3 How satisfied are you with the energy that you have?

Very dissatisfied 1		Dissatisfied 2		Neither satisfied nor dissatisfied 3		Satisfied 4		Very satisfied 5
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F3.3 How satisfied are you with your sleep?

Very dissatisfied 1		Dissatisfied 2		Neither satisfied nor dissatisfied 3		Satisfied 4		Very satisfied 5
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F5.2 How satisfied are you with your ability to learn new information?

Very dissatisfied 1		Dissatisfied 2		Neither satisfied nor dissatisfied 3		Satisfied 4		Very satisfied 5
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F5.4 How satisfied are you with your ability to make decisions?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F6.3 How satisfied are you with yourself?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F6.4 How satisfied are you with your abilities?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F7.4 How satisfied are you with the way your body looks

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F10.3 How satisfied are you with your ability to perform your daily living activities?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F13.3 How satisfied are you with your personal relationships?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F15.3 How satisfied are you with your sex life?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F14.3 How satisfied are you with the support you get from your family?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F14.4 How satisfied are you with the support you get from your friends?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F13.4 How satisfied are you with your ability to provide for or support others?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F16.4 How satisfied are you with your physical safety and security?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F17.3 How satisfied are you with the conditions of your living place?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F18.3 How satisfied are you with your financial situation?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F19.3 How satisfied are you with your access to health services?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F19.4 How satisfied are you with the social care services?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F20.3 How satisfied are you with your opportunities for acquiring new skills?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F20.4 How satisfied are you with your opportunities to learn new information?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F21.4 How satisfied are you with the way you spend your spare time?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F22.3 How satisfied are you with your physical environment (e.g. pollution, climate, noise, attractiveness)?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F22.4 How satisfied are you with the climate of the place where you live?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F23.3 how satisfied are you with your transport?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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F13.2 Do you feel happy about your relationship with your family members?

Very unhappy 1	Unhappy 2	Neither happy nor unhappy 3	Happy 4	Very happy 5
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G1 How would you rate your quality of life?

Very poor 1	Poor 2	Neither poor nor good 3	Good 4	Very good 5
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F15.1 How would you rate your sex life?

Very poor 1		Poor 2		Neither poor nor good 3		Good 4		Very good 5
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F3.1 How well do you sleep?

Very poor 1		Poor 2		Neither poor nor good 3		Good 4		Very good 5
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F5.1 How would you rate your memory?

Very poor 1		Poor 2		Neither poor nor good 3		Good 4		Very good 5
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F19.2 How would you rate the quality of social services available to you?

Very poor 1		Poor 2		Neither poor nor good 3		Good 4		Very good 5
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**The following questions refer to how often** you have felt or experienced certain things, for example the support of your family or friends or negative experiences such as feeling unsafe. If you have not experienced these things at all in the last two weeks, circle the number next to the response "never". If you have experienced these things, decide how often and circle the appropriate number. So for example if you have experienced pain all the time in the last two weeks circle the number next to "Always". Questions refer to the **last two weeks**.

F1.1 How often do you suffer (physical) pain?

Never 1		Seldom 2		Quite often 3		Very often 4		Always 5
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F4.2 Do you generally feel content?

Never 1		Seldom 2		Quite often 3		Very often 4		Always 5
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F8.1 How often do you have negative feelings, such as blue mood, despair, anxiety, depression?

Never 1		Seldom 2		Quite often 3		Very often 4		Always 5
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The following questions refer to any "**work**" that you do. Work here means any major activity that you do. This includes voluntary work, studying full-time, taking care of the home, taking care of children, paid work or unpaid work. So work, as it is used here, means the activities you feel take up a major part of your time and energy. Questions refer to the **last two weeks**.

F12.1 Are you able to work?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F12.2 Do you feel able to carry out your duties?

Not at all 1		A little 2		Moderately 3		Mostly 4		Completely 5
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F12.4 How satisfied are you with your capacity for work?

Very dissatisfied 1		Dissatisfied 2		Neither satisfied nor dissatisfied 3		Satisfied 4		Very satisfied 5
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F12.3 How would you rate your ability to work?

Very poor 1		Poor 2		Neither poor nor good 3		Good 4		Very good 5
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The next few questions ask about **how well you were able to move around**, in the **last two weeks**. This refers to your physical ability to move your body in such a way as to allow you to move about and do the things you would like to do, as well as the things that you need to do.

F9.1 How well are you able to get around?

Very poor 1		Poor 2		Neither poor nor good 3		Good 4		Very good 5
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F9.3 How much do any difficulties in mobility bother you?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F9.4 To what extent do any difficulties in movement affect your way of life?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F9.2 How satisfied are you with your ability to move around?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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The following few questions are concerned with **your personal beliefs**, and how these affect your quality of life. These questions refer to religion, spirituality and any other beliefs you may hold. Once again these questions refer to **the last two weeks**.

F24.1 Do your personal beliefs give meaning to your life?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F24.2 To what extent do you feel your life to be meaningful?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F24.3 To what extent do your personal beliefs give you the strength to face difficulties?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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F24.4 To what extent do your personal beliefs help you to understand difficulties in life?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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The following questions ask about your **spiritual, religious or personal beliefs** and how these beliefs have affected your quality of life. These questions are designed to be applicable to people coming from many different cultures and holding a variety of spiritual, religious or personal beliefs. If you follow a particular religion, such as Judaism, Christianity, Islam or Buddhism, you will probably answer the following questions with your religious beliefs in mind. If you do not follow a particular religion, but still believe that something higher and more powerful exists beyond the physical and material world, you may answer the following questions from that perspective. For example, you might believe in a higher spiritual force or the healing power of Nature. Alternatively, you may have no belief in a higher, spiritual entity, but you may have strong personal beliefs or followings, such as beliefs in a scientific theory, a personal way of life, a particular philosophy or a moral and ethical code.

While some of these questions will use words such as spirituality please answer them in terms of your own personal belief system, whether it be religious, spiritual or personal.

The following questions ask how your beliefs have affected different aspects of your quality of life in the past two weeks. For example, one question asks "To what extent do you feel connected with your mind body and soul?" If you have experienced this very much, circle the number next to "very much". If you have not experienced this at all, circle the number next to "Not at all". You should circle one of the numbers in between if you wish to indicate your answer lies somewhere between "Not at all" and "very much". Questions refer to the **last two weeks**.

SP1.1 To what extent does any connection to a spiritual being help you to get through hard times?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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SP1.2 To what extent does any connection to a spiritual being help you to tolerate stress?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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SP1.3 To what extent does any connection to a spiritual being help you to understand others?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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SP1.4 To what extent does any connection to a spiritual being provide you with comfort / reassurance?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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SP 2.1 To what extent do you find meaning in life?

Not at all 1		A little 2		A moderate amount 3		Very much 4		An extreme amount 5
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SP2.2 To what extent does taking care of other people provide meaning of life for you?

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
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SP2.3 To what extent do you feel your life has a purpose?

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
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SP2.4 To what extent do you feel you are here for a reason?

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
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SP5.1 To what extent do you feel inner spiritual strength?

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
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SP5.2 To what extent can you find spiritual strength in difficult times?

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
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SP8.1 To what extent does faith contribute to your well-being?

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
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SP8.2 To what extent does faith give you comfort in daily life?

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
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SP8.3 To what extent does faith give you strength in daily life?

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
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SP3.2 To what extent do you feel spiritually touched by beauty?

Not at all 1	Slightly 2	Moderately 3	Very 4	Extremely 5
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SP3.3 To what extent do you have feelings of inspiration / excitement in your life?

Not at all 1	Slightly 2	Moderately 3	Very 4	Extremely 5
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SP3.4 To what extent are you grateful for the things in nature that you can enjoy?

Not at all 1	Slightly 2	Moderately 3	Very 4	Extremely 5
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SP7.1 How hopeful do you feel?

Not at all 1	Slightly 2	Moderately 3	Very 4	Extremely 5
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SP7.2 To what extent are you hopeful about your life?

Not at all 1	Slightly 2	Moderately 3	Very 4	Extremely 5
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SP3.1 To what extent are you able to experience awe from your surroundings? (e.g. nature, art, music)

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP4.1 To what extent do you feel any connection between your mind, body and soul?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP4.3 To what extent do you feel the way you live is consistent with what you feel and think?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP4.4 How much do your beliefs help you to create coherence between what you do, think and feel?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP5.3 How much does spiritual strength help you to live better?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP5.4 To what extent does your spiritual strength help you to feel happy in life?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP6.1 To what extent do you feel peaceful within yourself?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP6.2 To what extent do you have inner peace?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP6.3 How much are you able to feel peaceful when you need to?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP6.4 To what extent do you feel a sense of harmony in your life?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP7.3 To what extent does being optimistic improve your quality of life?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP7.4 How able are you to remain optimistic in times of uncertainty?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP8.4 To what extent does faith help you to enjoy life?

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
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SP4.2 How satisfied are you that you have a balance between mind, body and soul?

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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# ABOUT YOU

What is your gender?

Male  
Female

What is your date of birth?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DAY / MONTH / YEAR

What is highest education you received?

Primary school  
Secondary school  
University  
Post-graduate

What is your marital status?

Single  
Married  
Living as married  
Separated  
Divorced  
Widowed

How is your health? (G1.5)\*\*

Very poor 1		Poor 2		Neither poor nor good 3		Good 4		Very good 5
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Are you currently ill?

If yes, what is your diagnosis? \_\_\_\_\_

What health problems do you have at the moment? (TICK NEXT TO THOSE THAT APPLY TO YOU)

- Heart trouble
- High blood pressure
- Arthritis or Rheumatism
- Cancer
- Emphysema or chronic bronchitis
- Diabetes
- A cataract
- Stroke
- Broken or fractured bone
- Chronic nervous or emotional problems
- Chronic foot trouble (bunions, ingrown toenails)
- Rectal growth or rectal bleeding
- Parkinson's disease
- Other (please describe)

\*\* This question was originally in the body of rated questions in the pilot questionnaire.



