



**WORLD HEALTH ORGANISATION
QUALITY OF LIFE QUESTIONNAIRE
NEW ZEALAND VERSION
of the
NZ-WHOQOL-BREF**

AUT

AUCKLAND UNIVERSITY OF TECHNOLOGY
TE WĀNANGA ARONUI O TAMAKI MAKAU RAU

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Instructions:

This questionnaire asks how you feel about your quality of life, your health, and other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, choose the one that appears most appropriate. This can 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 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5

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**”,

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

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 fits best for you.

The questionnaire –

Please read the question, assess your feelings **OVER THE LAST TWO WEEKS** and **circle the number** on the scale for each question that gives the best answer for you.

PART A- Generic Questions

		Very Poor	Poor	Neither Poor nor Good	Good	Very Good
1	How would you rate your quality of life?	1	2	3	4	5

		Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
2	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	To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4	How much do you need medical treatment to function in your daily life?	1	2	3	4	5
5	How much do you enjoy life?	1	2	3	4	5
6	To what extent do you feel your life to be meaningful?	1	2	3	4	5
7	How well are you able to concentrate?	1	2	3	4	5
8	How safe do you feel in your daily life?	1	2	3	4	5
9	How healthy is your physical environment?	1	2	3	4	5

The following questions ask about **how completely** you have experienced **or** were able to do certain things in the **last two weeks**. Circle your best answer number.

		Not at all	A little	A moderate amount	Very much	Extremely
10	Do you have enough energy for everyday life?	1	2	3	4	5

11	Are you able to accept your body appearance?	1	2	3	4	5
12	Have you enough money to meet your <u>needs</u> ?	1	2	3	4	5
13	How available to you is the information you need in your day-to-day life?	1	2	3	4	5
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
15	How well are you able to get around physically?	1	2	3	4	5

The following questions ask about **how good or satisfied** you have felt about aspects of your life over the **last two weeks**.

		Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
16	How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity for work	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5
20	How satisfied are you with your personal relationship?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	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
26	How often do you have negative feelings such as blue mood, despair, anxiety or depression?	1	2	3	4	5

PART B - National Questions

The following question asks about **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
27	How satisfied are you that you are able to meet the expectations placed on you?	1	2	3	4	5

The following questions ask about **how completely** you have experienced **or** were able to do certain things in the **last two weeks**.

		Not at all	A little	A moderate amount	Very much	Extremely
28	To what extent do you feel respected by others?	1	2	3	4	5
29	To what extent are you able to manage personal difficulties?	1	2	3	4	5

The following questions ask **how much** you have experienced certain things in the **last two weeks**.

		Not at all	A little	A moderate amount	Very much	Extremely
30	To what extent do you have feelings of belonging?	1	2	3	4	5
31	To what extent do you feel you have control over your life?	1	2	3	4	5

Do you have any comments about this questionnaire?

Please complete the other side of this page.

ABOUT YOU

Please take the time to answer a few general questions about yourself:
Please **tick** the correct answer **or fill** in the space provided.

1. Are you (Please tick)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
2. What is your year of birth	19 ____	
3. Which ethnic group do you belong to? Tick the option that most applies to you.	<input type="checkbox"/> Chinese <input type="checkbox"/> NZ European <input type="checkbox"/> Indian <input type="checkbox"/> Niuean <input type="checkbox"/> Tongan	<input type="checkbox"/> Cook Island Maori <input type="checkbox"/> European <input type="checkbox"/> Maori <input type="checkbox"/> Samoan <input type="checkbox"/> Other: _____
4. What is the highest level of education you have completed?	<input type="checkbox"/> None at all <input type="checkbox"/> Secondary school	<input type="checkbox"/> Primary School <input type="checkbox"/> Tertiary <input type="checkbox"/> Other : _____
5. What is your marital status ?	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Living as married	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
6. What is your current employment status?	<input type="checkbox"/> Full-time work <input type="checkbox"/> Part-time work <input type="checkbox"/> Unemployed	<input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Other
7. Are you currently ill or do you have a medical condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you answered yes , What is the diagnosis? _____		
OR		
What do you think the condition is? _____		

THANK YOU FOR YOUR HELP