

**THE WORLD HEALTH ORGANIZATION**  
**QUALITY OF LIFE (WHOQOL) - BREF**

The World Health Organization Quality of Life (WHOQOL)-BREF

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## WHOQOL-BREF

The following questions ask how you feel about your quality of life, health, or other areas of your life. I will read out each question to you, along with the response options. **Please choose the answer that appears most appropriate.** If you are unsure about which response to give to a question, the first response you think of is often the best one.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life **in the last four weeks.**

|  |  | Very poor                | Poor                     | Neither poor nor good    | Good                     | Very good                |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | How would you rate your quality of life? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |   | Very dissatisfied        | Dissatisfied             | Neither satisfied nor dissatisfied | Satisfied                | Very satisfied           |
|--|---|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
|  | How satisfied are you with your health? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |

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

|  |  | Not at all               | A little                 | A moderate amount        | Very much                | An extreme amount        |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | To what extent do you feel that physical pain prevents you from doing what you need to do? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How much do you need any medical treatment to function in your daily life?                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How much do you enjoy life?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | To what extent do you feel your life to be meaningful?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |   | Not at all               | A little                 | A moderate amount        | Very much                | Extremely                |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | How well are you able to concentrate?     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How safe do you feel in your daily life?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How healthy is your physical environment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  | Not at all               | A little                 | Moderately               | Mostly                   | Completely               |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | Do you have enough energy for everyday life?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Are you able to accept your bodily appearance?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | Have you enough money to meet your needs?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How available to you is the information that you need in your day-to-day life? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | To what extent do you have the opportunity for leisure activities?             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |                                      | Very poor                | Poor                     | Neither poor nor good    | Good                     | Very good                |
|--|--------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | How well are you able to get around? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|  |  | Very dissatisfied        | Dissatisfied             | Neither satisfied nor dissatisfied | Satisfied                | Very satisfied           |
|--|--|--------------------------|--------------------------|------------------------------------|--------------------------|--------------------------|
|  | How satisfied are you with your sleep?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How satisfied are you with your ability to perform your daily living activities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How satisfied are you with your capacity for work?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How satisfied are you with yourself?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> |

|  |   |                          |                          |                          |                          |                          |
|--|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  | How satisfied are you with your personal relationships?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How satisfied are you with your sex life?                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How satisfied are you with the support you get from your friends? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How satisfied are you with the conditions of your living place?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How satisfied are you with your access to health services?        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|  | How satisfied are you with your transport?                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The following question refers to how often you have felt or experienced certain things in the last four weeks.

|  |  |                          |                          |                          |                          |                          |
|--|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|  |  | Never                    | Seldom                   | Quite often              | Very often               | Always                   |
|  | How often do you have negative feelings such as blue mood, despair, anxiety, depression? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

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## Your Scores

|   |                            | ( <input style="background-color: #f08080;" type="checkbox"/> = unanswered, please complete ) |                                 |                                 |                                 |                                 |                                 |                                 | Score (0-100)                   |
|---|----------------------------|---|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| 27.   | <b>Physical Health</b>     | Q3<br><input type="checkbox"/>  | Q4<br><input type="checkbox"/>  | Q10<br><input type="checkbox"/> | Q15<br><input type="checkbox"/> | Q16<br><input type="checkbox"/> | Q17<br><input type="checkbox"/> | Q18<br><input type="checkbox"/> |                                 |
| 28.   | <b>Psychological</b>       | Q5<br><input type="checkbox"/>  | Q6<br><input type="checkbox"/>  | Q7<br><input type="checkbox"/>  | Q11<br><input type="checkbox"/> | Q19<br><input type="checkbox"/> | Q26<br><input type="checkbox"/> |                                 |                                 |
| 29.   | <b>Social Relationship</b> | Q20<br><input type="checkbox"/>   | Q21<br><input type="checkbox"/> | Q22<br><input type="checkbox"/> |                                 |                                 |                                 |                                 |                                 |
| 30.   | <b>Environment</b>         | Q8<br><input type="checkbox"/>  | Q9<br><input type="checkbox"/>  | Q12<br><input type="checkbox"/> | Q13<br><input type="checkbox"/> | Q14<br><input type="checkbox"/> | Q23<br><input type="checkbox"/> | Q24<br><input type="checkbox"/> | Q25<br><input type="checkbox"/> |
| <b>How would you rate your quality of life?</b> |                            |   |                                 |                                 |                                 |                                 |                                 | <input type="checkbox"/>        |                                 |
| <b>How satisfied are you with your health?</b>  |                            |   |                                 |                                 |                                 |                                 |                                 | <input type="checkbox"/>        |                                 |