

# WHOQOL-BREF

## UK VERSION



Department of Mental Health  
World Health Organisation  
Geneva

For Office Use Only

	Equations for computing domain scores	Raw score	Transformed score	
			4-20	0-100
Domain 1	$(6-Q3) + (6-Q4) + Q10 + Q15 + Q16 + Q17 + Q18$ + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>	=		
Domain 2	$Q5 + Q6 + Q7 + Q11 + Q19 + (6-Q26) + (6-Q27) + Q28$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>	=		
Domain 3	$Q20 + Q21 + Q22$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>	=		
Domain 4	$Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25$ <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/>	=		

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## ABOUT YOU

Before you begin we would like you to answer a few general questions about yourself: by **circling** the correct answer or by **filling in the space provided**.

What is your gender?      **MALE** / **FEMALE**

What is your date of birth?    \_\_\_/\_\_\_/\_\_\_\_. (day/month/year.)

What is the highest education you've received?      **None at all**  
    **Primary school**  
    **Secondary school**  
    **Tertiary**

What is your marital status?      **Single**                                  **Separated**  
    **Married**                                  **Divorced**  
    **Living as married**                          **Widowed**

Are you currently ill? **YES** / **NO**

If something is wrong with your health what do you think it is?  
 Please write your illness(es) or problem here: \_\_\_\_\_

### 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:

	Not at all	Not much	Moderate	A great	Complete
Do you get the kind of support from others that you need?	1	2	3	4	5

You should **circle** the number that best fits how much support you got from others **over the last two weeks**. So you would circle the number 4 if you got a great deal of support from others as follows:

	Not at all	Not much	Moderate	A great	Complete
Do you get the kind of support from others that you need?	1	2	3	4	5

You would circle the number 1 if you did not get any of the support that you needed from others in the last two weeks. Please read each question, assess your feelings, and **circle** the number on the scale for each question that gives the best answer for you.

		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	How much do you feel that 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

		Not at all	A little	A moderate amount	Very much	Extremely
6	To what extent do you feel 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 experience or were able to do certain things **in the last two weeks**.

		Not at all	A little	Moderately	Mostly	Completely
10	Do you have enough energy for everyday life?	1	2	3	4	5
11	Are you able to accept your bodily appearance?	1	2	3	4	5
12	To what extent do you have enough money to meet your needs?	1	2	3	4	5
13	How available to you is the information that 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

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

		Very poor	Poor	Neither poor nor good	Good	Very good
15	How well are you able to get around?	1	2	3	4	5

		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 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 relationships?	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, depression?	1	2	3	4	5

Did someone help you to fill out this form? **YES / NO**

**THANK YOU FOR YOUR HELP**