

The WHOQOL-OLD

Instructions

This questionnaire asks for your thoughts and feelings about certain aspects of your quality of life and addresses issues that may be important to you as an older member of society.

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 what the future might hold?

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
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You should circle the number that best fits how much you have worried about the future over the last two weeks. So you would circle the number 4 if you worried about your future “Very much”, or circle number 1 if you have worried “Not at all” about your future. 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.

		Not at all	A little	A moderate amount	Very much	An extreme amount
1 (F25.1)	To what extent do impairments to your senses (e.g. hearing, vision, taste, smell, touch) affect your daily life?	1	2	3	4	5
2 (F25.3)	To what extent does loss of, for example, hearing, vision, taste, smell or touch affect your ability to participate in activities?	1	2	3	4	5
3 (F26.1)	How much freedom do you have to make your own decisions?	1	2	3	4	5

		Not at all	Slightly	Moderately	Very much	Extremely
4 (F26.2)	To what extent do you feel in control of your future?	1	2	3	4	5
5 (F26.4)	How much do you feel that the people around you are respectful of your freedom?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	An extreme amount
6 (F29.2)	How concerned are you about the way in which you will die?	1	2	3	4	5

		Not at all	Slightly	Moderately	Very much	Extremely
7 (F29.3)	How much are you afraid of not being able to control your death?	1	2	3	4	5
8 (F29.4)	How scared are you of dying?	1	2	3	4	5

		Not at all	A little	A moderate amount	Very much	An extreme amount
9 (F29.5)	How much do you fear being in pain before you die?	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 (F25.4)	To what extent do problems with your sensory functioning (e.g. hearing, vision, taste, smell, touch) affect your ability to interact with others?	1	2	3	4	5
11 (F26.3)	To what extent are you able to do the things you'd like to do?	1	2	3	4	5
12 (F27.3)	To what extent are you satisfied with your opportunities to continue achieving in life?	1	2	3	4	5
13 (F27.4)	How much do you feel that you have received the recognition you deserve in life?	1	2	3	4	5
14 (F28.4)	To what extent do you feel that you have enough to do each day?	1	2	3	4	5

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.

		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
15 (F27.5)	How satisfied are you with what you have achieved in life?	1	2	3	4	5
16 (F28.1)	How satisfied are you with the way you use your time?	1	2	3	4	5
17 (F28.2)	How satisfied are you with your level of activity?	1	2	3	4	5
18 (F28.7)	How satisfied are you with your opportunity to participate in community activities?	1	2	3	4	5

		Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very happy
19 (F27.1)	How happy are you with the things you are able to look forward to?	1	2	3	4	5

		Very poor	Poor	Neither poor nor good	Good	Very good
20 (F25.2)	How would you rate your sensory functioning (e.g. hearing, vision, taste, smell, touch)?	1	2	3	4	5

The following questions refer to any **intimate relationships** that you may have. Please consider these questions with reference to a close partner or other close person with whom you can share intimacy more than with any other person in your life.

		Not at all	A little	A moderate amount	Very much	An extreme amount
21 (F30.2)	To what extent do you feel a sense of companionship in your life?	1	2	3	4	5
22 (F30.3)	To what extent do you experience love in your life?					

		Not at all	A little	Moderately	Mostly	Completely
23 (F30.4)	To what extent do you have opportunities to love?	1	2	3	4	5
24 (F30.7)	To what extent do you have opportunities to be loved?					

Do you have any comments about the questionnaire? Please add them here:

THANK YOU FOR YOUR HELP