

# WHOQOL-Pain

## UK VERSION

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**Pain and Discomfort Module:** The WHOQOL-Pain consists of the WHOQOL-100 and the 16 items of the Pain and Discomfort Module. These were designed in the UK for use with people with chronic pain. Although its development draws on the WHOQOL research procedures, the international collaborating methods used elsewhere in WHOQOL work were not used. Consequently, the pain and discomfort items are not an official WHO document and there are no other language versions of this scale. The pain and discomfort items must only be used in conjunction with the UK WHOQOL-100.

Permission to use the UK instrument must be obtained from Victoria Mason ([victorialmason@gmail.com](mailto:victorialmason@gmail.com)).

## Instructions

### Please read this carefully

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 best one you can. There are no right or wrong answers. Your answer will be kept strictly confidential. 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?**

<b>Not at all</b>	<b>Not much</b>	<b>A moderate amount</b>	<b>Very much</b>	<b>An extreme amount</b>
1	2	3	4	5

You should circle the number that best fits how much you have worries 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, please go to the next page**

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 show that your answer lies somewhere between "Not at all" and "Extremely". **Questions refer to the last two weeks.**

1. **How much do you worry about pain or discomfort?** (F1.2)

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

2. **How difficult is it for you to handle pain or discomfort?** (F1.3)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

3. **How much do you feel that pain prevents you from doing what you need to do?** (F1.4)

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

4. **How easily do you get tired?** (F2.2)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

5. **How much are you bothered by fatigue?** (F2.4)

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

6. **To what extent do you have difficulty sleeping?** (F3.2)

None at all	Not much	A moderate amount	Very much	An extreme amount
1	2	3	4	5

7. **How much do sleep problems worry you?** (F3.4)

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

8. **How much do you enjoy life?** (F4.1)

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

9. **How positive do you feel about the future?** (F4.3)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

10. **How much do you feel positive about your life?** (F4.4)

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

11. **How well are you able to concentrate?** (F5.3)

Not at all	Not much	Moderately	Very well	Extremely
1	2	3	4	5

12. **How much do you value yourself?** (F6.1)

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

13. **How much confidence do you have in yourself?** (F6.2)

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

14. **How much do you feel inhibited by your looks?** (F7.2)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

15. **Is there any part of your appearance which makes you feel uncomfortable?** (F7.3)

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

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

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

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

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

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

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

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

23. **How much does your quality of life depend on the use of medical substances or medical aids?** (F11.4)

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

24. **How alone do you feel?** (F13.1)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

25. **How well are your sexual needs fulfilled?** (F15.2)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

26. **How bothered are you by difficulties in your sex life?** (F15.4)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

27. **How safe do you feel in your daily life?** (F16.1)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

28. **To what extent do you feel you are living in a safe and secure environment?** (F16.2)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

29. **How much do you worry about safety and security?** (F16.3)

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

30. **How comfortable is the place where you live?** (F17.1)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

31. **How much do you like where you live?** (F17.4)

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

32. **To what extent do you have financial difficulties?** (F18.2)

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

33. **How much do you worry about money?** (F18.4)

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

34. **How easily are you able to get good medical care?** (F19.1)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

35. **How much do you enjoy your free time?** (F21.3)

Not at all	Not much	Moderately	Very much	An extreme amount
1	2	3	4	5

36. **How healthy is your physical environment?** (F22.1)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

37. **How concerned are you with the noise in the area where you live?** (F22.2)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

38. **To what extent do you have problems with transport?** (F23.2)

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

39. **How much do difficulties with transport restrict your life?** (F23.4)

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

40. **How fed up do you feel?** (F8N)

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

SAMPLE - DO NOT COPY



The following questions ask about **how completely** you experienced, or were able to do certain things in the last two weeks, for example activities of daily living like 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 show that your answer lies somewhere between "Not at all" and "Completely". **Questions refer to the last two weeks.**

41. **Do you have enough energy for everyday life?** (F2.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

42. **How much are you able to accept your bodily appearance?** (F7.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

43. **To what extent are you able to carry out your daily activities?** (F10.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

44. **How dependent are you on medications?** (F11.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

45. **To what extent do you get the kind of support from others that you need?** (F14.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

46. **How much can you count on your friends when you need them?** (F14.2)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

47. **To what degree does the quality of your home meet your needs?** (F17.2)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

48. **To what extent do you have enough money to meet your needs?** (F18.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

49. **How available to you is the information that you need in your day-to-day life?** (F20.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

50. **To what extent do you have the opportunities for acquiring the information that you need?** (F20.2)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

51. **To what extent do you have the opportunity for leisure activities?** (F21.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

52. **How much are you able to relax and enjoy yourself?** (F21.2)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

53. **To what extent do you have adequate means of transport?** (F23.1)

Not at all	Not much	Moderately	A great deal	Completely
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, for example, about your family life or your energy level. Decide how satisfied or dissatisfied you are with each aspect of your life and then circle the number that best fits how you feel about this. **Questions refer to the last two weeks.**

54. **How satisfied are you with the quality of your life?** (G2)

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

55. **In general, how satisfied are you with your life?** (G3)

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

56. **How satisfied are you with your health?** (G4)

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

57. **How satisfied are you with your energy?** (F2.3)

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

58. **How satisfied are you with your sleep?** (F3.3)

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

59. **How satisfied are you with your ability to learn new information?** (F5.2)

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

60. **How satisfied are you with your ability to make decisions?** (F5.4)

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

61. **How satisfied are you with yourself?** (F6.3)

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

62. **How satisfied are you with your abilities?** (F6.4)

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

63. **How satisfied are you with the way your body looks?** (F7.4)

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

64. **How satisfied are you with your ability to perform daily living activities?** (F10.3)

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

65. **How satisfied are you with your personal relationships?** (F13.3)

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

66. **How satisfied are you with your sex life?** (F15.3)

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

67. **How satisfied are you with the support you get from your family?** (F14.3)

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

68. **How satisfied are you with the support you get from your friends?** (F14.4)

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

69. **How satisfied are you with your ability to provide for, or support others?**(F13.4)

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

70. **How satisfied are you with your physical safety and security?** (F16.4)

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

71. **How satisfied are you with the conditions of your living place?** (F17.3)

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

72. **How satisfied are you with your financial situation?** (F18.3)

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

73. **How satisfied are you with your access to health services?** (F19.3)

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

74. **How satisfied are you with the social care services?** (F19.4)

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

75. **How satisfied are you with your opportunities for acquiring new skills?** (F20.3)

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

76. **How satisfied are you with your opportunities to learn new information?**(F20.4)

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

77. **How satisfied are you with the way you spend your spare time?** (F21.4)

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

78. **How satisfied are you with your physical environment e.g. pollution, climate, noise, attractiveness?** (F22.3)

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

79. **How satisfied are you with the climate of the place where you live?** (F22.4)

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

80. **How satisfied are you with your transport?** (F23.3)

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

81. **How happy do you feel about your relationships with your family?** (F13.2)

Very unhappy	Unhappy	Neither happy nor unhappy	Happy	Very happy
1	2	3	4	5

82. **How would you rate your quality of life?** (G1)

Very poor	Poor	Neither poor nor good	Good	Very good
1	2	3	4	5

83. **How would you rate your sex life?** (F15.1)

Very poor	Poor	Neither poor nor good	Good	Very good
1	2	3	4	5

84. **How well do you sleep?** (F3.1)

Very poor	Poor	Neither poor nor good	Good	Very good
1	2	3	4	5

85. **How would you rate your memory?** (F5.1)

Very poor	Poor	Neither poor nor good	Good	Very good
1	2	3	4	5

86. **How would you rate the quality of social services available to you?** (F19.2)

Very poor	Poor	Neither poor nor good	Good	Very good
1	2	3	4	5

87. **How satisfied are you with your level of happiness** (F4N)

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

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 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.**

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

Never	Seldom	Quite often	Very often	Always
1	2	3	4	5

89. **Do you generally feel content?** (F4.2)

Never	Seldom	Quite often	Very often	Always
1	2	3	4	5

90. **How often do you have negative feelings, such as blue mood, despair, anxiety, depression?** (F8.1)

Never	Seldom	Quite often	Very often	Always
1	2	3	4	5

**PLEASE TURN OVER**

**SAMPLE**



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.**

91. **How much are you able to work?** (F12.1)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

92. **To what extent do you feel able to carry out your duties?** (F12.2)

Not at all	Not much	Moderately	A great deal	Completely
1	2	3	4	5

93. **How satisfied are you with your capacity for work?** (F12.4)

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

94. **How would you rate your ability to work?** (F12.3)

Very poor	Poor	Neither poor nor good	Good	Very good
1	2	3	4	5

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. **Questions refer to the last two weeks.**

95. **How well are you able to get around?** (F9.1)

Very poor	Poor	Neither good nor poor	Good	Very good
1	2	3	4	5

96. **How much do any difficulties in mobility bother you?** (F9.3)

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

97. **To what extent do difficulties in movement affect your way of life?** (F9.4)

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

98. **How satisfied are you with your ability to move around?** (F9.2)

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

The following questions are concerned with **your personal beliefs** and how these affect your quality of life. These questions refer to religion, spirituality and any other personal beliefs you may hold. Once again these questions refer to the **last two weeks**.

99. **How much do personal beliefs give meaning to your life?** (F24.1)

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

100. **To what extent do you feel life to be meaningful?** (F24.2)

Not at all	Not much	Moderately	Very much	Extremely
1	2	3	4	5

101. **How much do your personal beliefs give you the strength to face difficulties?** (F24.3)

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

102. **To what extent do your personal beliefs help you to understand the difficulties in life?** (F24.4)

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

Please turn over

**SAMPLE - DO NOT COPY**

The following questions ask you about how your **pain and discomfort** affects your quality of life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the best one you can. We ask that you think about your life in the **last two weeks**.

103. **To what extent has having treatment improved your quality of life?** (F61.6i)

Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
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104. **How much do feelings of anger interfere with your every day life?** (F62.2)

Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
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105. **How much do feelings of frustration interfere with your everyday life?** (F62.7)

Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
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106. **How much does feeling vulnerable interfere with your everyday life?** (F63.3)

Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
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107. **How much does fear bother you?** (F63.2)

Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
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108. **How much do you worry about treatment?** (F63.8)

Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
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109. **How concerned are you about experiencing pain?** (F63.5i)

Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
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110. **How much does uncertainty about the future interfere with your everyday life?** (F64.2)

Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
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111. **To what extent do difficulties with planning affect your everyday life?** (F64.4)

Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
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112. **Does pain or discomfort limit your life?** (F64.7)

Not at all 1	Not much 2	A moderate amount 3	Very much 4	An extreme amount 5
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113. **How well do you cope with your level of pain?** (F61.3i)

Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
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114. **How easy is it for you to get into a comfortable position?** (F61.7)

Not at all 1	Not much 2	Moderately 3	A great deal 4	Completely 5
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115. **How satisfied are you with the control of your pain?** (F61.5i)

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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116. **How satisfied are you with your ability to make future plans?** (F64.5)

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
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117. **How often does your pain make you feel angry?** (F62.3)

Never	Seldom	Quite often	Very often	Always
1	2	3	4	5

118. **How often does your pain make you feel irritable?** (F62.5)

Never	Seldom	Quite often	Very often	Always
1	2	3	4	5

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### IMPORTANCE QUESTIONS

The following questions ask about how important various aspects of your life are to you. We ask that you think about how much these affect your quality of life. For example one question asks about how important sleep is to you. If sleep is not important to you, circle the number next to "not important". If sleep is "very important" to you, but not "most important", you should circle the number next to "Very important". Unlike earlier questions, these questions **do not refer only to the last two weeks**.

1. How important to you is your overall quality of life? ImpG.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

2. How important to you is your health? ImpG.2

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

3. How important to you is it to be free of any pain? Imp1.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

4. How important to you is having energy? Imp2.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

5. How important to you is restful sleep? Imp3.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

6. How important to you is it to feel contented? Imp4.1 (Imp4.2)

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

7. How important to you is being able to think through everyday problems and make decisions? Imp5.1 (Imp5.2)

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

8. How important to you is feeling positive about yourself? Imp6.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

9. How important to you is your body image and appearance? Imp7.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

10. How important to you is it to be free of negative feelings like sadness, depression, anxiety, worry...? Imp8.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

11. How important to you is it to be able to move around? Imp9.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5



12. How important to you is being able to take care of your daily living activities e.g. washing, dressing, eating? Imp10.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

13. How important to you is it to be free of dependence on medicines or treatments? Imp11.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

14. How important to you is being able to work? Imp12.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

15. How important to you are relationships with other people? Imp13.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

16. How important to you is support from others? Imp14.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

17. How important to you is your sex life? Imp15.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

18. How important to you is feeling physically safe and secure? Imp16.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

19. How important to you is your home environment? Imp17.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

20. How important to you are your financial resources? Imp18.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

21. How important to you is being able to get adequate health care? Imp19.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

22. How important to you are the chances for getting new information or knowledge? Imp20.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

23. How important to you is relaxation and leisure? Imp21.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

24. How important to you is your environment e.g. pollution, climate, noise, attractiveness? Imp22.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

25. How important to you is adequate transport in your everyday life? Imp23.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

26. How important to you are your personal beliefs? Imp24.1

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

27. How important is it for you to be able to obtain relief from pain? (Imp61.1)

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

28. How important is it to be able to control your pain? (Imp61.2)

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

29. How important is it for you to be free from anger and frustration? (Imp62.1)

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

30. How important is it for you to be free from fear and worry? (Imp63.1)

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

31. How important is it for you to be free from uncertainty? (Imp64.1)

Not important	A little important	Moderately important	Very important	Extremely important
1	2	3	4	5

**PLEASE TURN OVER**

**SAMPLE - DO NOT COPY**

## ABOUT YOU

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 have received?    **None at all**  
**Primary School**  
**Secondary School**  
**Further Education e.g. Technical/Clerical**  
**University**

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

How is your health?

Very poor	Poor	Neither good nor poor	Good	(F9.1) Very good
1	2	3	4	5

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

If something is wrong with your health, what do you think it is?    Please write your illness(s) or problems here \_\_\_\_\_  
 \_\_\_\_\_

Are you currently in paid work?    **YES / NO**

What is your occupation? \_\_\_\_\_

How long have you been in pain? \_\_\_\_\_ months \_\_\_\_\_ years

What do you think is causing your pain? \_\_\_\_\_  
 \_\_\_\_\_

Which parts of your body hurt? (**Please tick all those that apply to you**)

Head, face and/ or mouth	
Upper back	
Upper shoulder and/ or arms	
Middle back or chest	
Abdomen	
Lower back and spine	
Legs	
Pelvis	
Other (please specify)	

Is your pain.....? (**Please tick only one**)

Brief	
Continuous	
Intermittent	

How intense is your present pain level? (**Please tick only one**)

No pain	
Mild	
Discomforting	
Distressing	
Horrible	
Excruciating	

If you have any comments about this questionnaire, please write them here.

**THANK YOU VERY MUCH FOR YOUR HELP**