QUALITY OF LIFE QUESTIONNAIRE

RESPONDENT SELF-REPORT VERSION

INTERVIEW SCHEDULE

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Department of Psychiatry
School of Medicine
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Center for Health Research
Kaiser Permanente

Oregon Mental Health and Developmental Disability Services Division

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Relevant Articles:


The Quality of Life Questionnaire is available in two versions -- the Respondent Self-Report version and the Interviewer Rating version. The Respondent Self-Report version is a fixed-response questionnaire which is designed to be administered in a structured interview following the Respondent Self-Report Guidelines. The Interviewer Rating version is a semi-structured interview which allows for a great deal of interviewer discretion. The user is advised to examine both versions of the Quality of Life Questionnaire and to review the pertinent journal articles before selecting the version of the instrument to be used in a specific project.

A 200 page manual, "Program Impact Monitoring System," which describes a comprehensive approach using the Quality of Life Questionnaire to evaluate community mental health programs may be purchased for $30.00 from:

Western Mental Health Research Center
Gaines Hall
Oregon Health Sciences University
Portland, Oregon 97201
(503) 494-5668

Please make check payable to:

"OHSU Account Number 70 262 4695"
These questions ask about how you have been feeling in the past week. Pleasant and unpleasant feelings of several different kinds are covered.

PD-1. In the past week, how often have you felt very restless, unable to sit still, or fidgety?

- All the time __4
- Often __3
- Several times __2
- None of the time __1

PW-1. In the past week, how often have you enjoyed your leisure hours (evenings, days off, etc.)?

- All the time __4
- Often __3
- Several times __2
- None of the time __1

PD-2. In the past week, how often have you felt preoccupied with your problems (can't think of anything else)?

- All the time __4
- Often __3
- Several times __2
- None of the time __1

PW-2. In the past week, how often have you been pleased with something you did?

- All the time __4
- Often __3
- Several times __2
- None of the time __1
PD-3. In the past week, how often have you felt unpleasantly different from everyone and everything around you?

All the time 4
Often 3
Several times 2
None of the time 1

PW-3. In the past week, how often have you felt proud because you were complimented?

All the time 4
Often 3
Several times 2
None of the time 1

PD-4. In the past week, how often have you felt fearful or afraid?

All the time 4
Often 3
Several times 2
None of the time 1

PW-4. In the past week, how often have you felt that things were "going your way"?

All the time 4
Often 3
Several times 2
None of the time 1

PD-5. In the past week, how often have you felt sad or depressed?

All the time 4
Often 3
Several times 2
None of the time 1
PW-5. In the past week, how often have you felt excited about or interested in something?

All the time __4
Often __3
Several times __2
None of the time __1

PD-6. In the past week, how often have you felt angry?

All the time __4
Often __3
Several times __2
None of the time __1

PW-6. In the past week, how often have you felt that life was going just about right for you?

All the time __4
Often __3
Several times __2
None of the time __1

PD-7. In the past week, how often have you felt mixed-up or confused?

All the time __4
Often __3
Several times __2
None of the time __1

PD-8. In the past week, how often have you felt tense (uptight)?

All the time __4
Often __3
Several times __2
None of the time __1
**PW-7. In the past week, how often have you felt good about decisions you've made?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>2</td>
</tr>
<tr>
<td>None of the time</td>
<td>1</td>
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</tbody>
</table>

**PD-9. In the past week, how often have you had trouble sleeping?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>2</td>
</tr>
<tr>
<td>None of the time</td>
<td>1</td>
</tr>
</tbody>
</table>

**PW-8. In the past week, how often have you felt like you've spent a worthwhile day?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>2</td>
</tr>
<tr>
<td>None of the time</td>
<td>1</td>
</tr>
</tbody>
</table>

**PD-10. In the past week, how often have you had trouble with poor appetite, or inability to eat?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>2</td>
</tr>
<tr>
<td>None of the time</td>
<td>1</td>
</tr>
</tbody>
</table>

**PW-9. In the past week, how often have you felt serene and calm?**

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>2</td>
</tr>
<tr>
<td>None of the time</td>
<td>1</td>
</tr>
</tbody>
</table>
PD-11. In the past week, how often have you had trouble with indigestion?

- All the time __4
- Often __3
- Several times __2
- None of the time __1

PW-10. In the past week, how often have you found yourself really looking forward to things?

- All the time __4
- Often __3
- Several times __2
- None of the time __1

PD-12. In the past week, how often have you had trouble with fatigue?

- All the time __4
- Often __3
- Several times __2
- None of the time __1
Quality of Life Questionnaire -- Respondent Self-Report Version

Everybody has unpleasant feelings sometimes: we wake up depressed, get upset or frustrated or frightened. These questions ask how much difficulty you have had recently in handling these unpleasant feelings.

TS-1. How much difficulty have you had handling feelings of depression recently?

Great difficulty __3
Some difficulty __2
No difficulty __1
NA __0

TS-2. How much difficulty have you had handling being upset recently?

Great difficulty __3
Some difficulty __2
No difficulty __1
NA __0

TS-3. How much difficulty have you had handling frustration recently?

Great difficulty __3
Some difficulty __2
No difficulty __1
NA __0

TS-4. How much difficulty have you had handling being frightened or shaken up recently?

Great difficulty __3
Some difficulty __2
No difficulty __1
NA __0
These questions ask about your living situation, eating, income, transportation, and medical care. The purpose is to see if these needs are met to at least a minimum level of satisfaction.

TB-1. How satisfied are you with your home -- its state of repair, amount of room, furnishing, warmth, lighting, etc.?

Very satisfied __4  
Satisfied __3  
Dissatisfied __2  
Very dissatisfied __1

TB-2. How satisfied are you with your home, considering the amount of privacy, your neighbors, security, etc.?

Very satisfied __4  
Satisfied __3  
Dissatisfied __2  
Very dissatisfied __1

TB-3. This question asks about how well your income covers things you must have -- food, medicine, clothing, etc. How adequate is your present income for your present needs?

Very adequate __4  
Adequate __3  
Inadequate __2  
Very inadequate __1

TB-4. Are you worried about your future income covering the things you must have?

Terribly worried __4  
Quite worried __3  
Slightly worried __2  
Not at all worried __1
TB-5. Can you get around town as you need for work, shopping, medical appointments, visiting, etc.?

- Can't get around at all __4
- With much difficulty __3
- With little difficulty __2
- With no difficulty __1

TB-6. In the last month, have you needed medical care? No=0 (N/A) If yes, did you have difficulty getting medical care?

- Yes __2
- No __1
- N/A __0

TB-7. Do you have a regular or family doctor?

- Yes __2
- No __1

TB-8. Do you have medical insurance?

- Yes __2
- No __1

TB-9. Do you know where to get emergency medical help?

- Yes __2
- No __1
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions ask how you handle making decisions, dealing with conflict, asserting yourself, etc.

IN-1. In the last week, how did you find shopping, paying bills, preparing meals, and generally looking after your basic necessities?

- Very easy __ 4
- Fairly easy __ 3
- Rather difficult __ 2
- Very difficult __ 1

IN-2. ... and how enjoyable was it?

- Very enjoyable __ 4
- Fairly enjoyable __ 3
- Fairly unpleasant __ 2
- Very unpleasant __ 1

IN-3. In the last week, how often did you go out socially?

- More than 3 times __ 4
- 2 or 3 times __ 3
- Once __ 2
- Never __ 1

IN-4. When you receive broken merchandise, poor service, or are overcharged, how hard is it for you to complain to the store, dealer or company?

- Can't do it at all __ 4
- Very hard __ 3
- A little hard __ 2
- Not hard at all __ 1
IN-5. When you want to join a conversation (e.g., at a party) how hesitant do you feel about doing so?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Can't do it at all</td>
<td>4</td>
</tr>
<tr>
<td>Very hesitant</td>
<td>3</td>
</tr>
<tr>
<td>Slightly hesitant</td>
<td>2</td>
</tr>
<tr>
<td>Not at all hesitant</td>
<td>1</td>
</tr>
</tbody>
</table>

IN-6. When you are treated unfairly by someone you know well, a family member or close friend, how difficult is it for you to tell them so?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Can't do it at all</td>
<td>4</td>
</tr>
<tr>
<td>Very difficult</td>
<td>3</td>
</tr>
<tr>
<td>Slightly difficult</td>
<td>2</td>
</tr>
<tr>
<td>Not difficult</td>
<td>1</td>
</tr>
</tbody>
</table>

IN-7. How confident are you in the decisions you make for yourself (what to buy, where to live, what to do, etc.)?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Quite confident</td>
<td>4</td>
</tr>
<tr>
<td>Some confidence</td>
<td>3</td>
</tr>
<tr>
<td>Little confidence</td>
<td>2</td>
</tr>
<tr>
<td>No confidence</td>
<td>1</td>
</tr>
</tbody>
</table>

IN-8. How often do you put off making important decisions until it is too late?

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Always</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Occasionally</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions ask how you have been getting along with people in the last week.

II-1. In the past week, how many times have you spoken with neighbors?

- More than 3 times __4
- 2 or 3 times __3
- Once __2
- Never __1

II-2. In the last week, how often have you spoken with people you saw at work or school or other daily activities?

- More than 3 times __4
- 2 or 3 times __3
- Once __2
- Never __1

II-3. Do you feel that people avoid you?

- All the time __4
- Often __3
- Occasionally __2
- Never __1

II-4. Do you feel that people are unkind to you?

- All the time __4
- Often __3
- Occasionally __2
- Never __1

II-5. How comfortable do you feel being around people in general?

- Very uncomfortable __4
- Uncomfortable __3
- Comfortable __2
- Very comfortable __1
II-6. Last week, how often did you get to places where you **could** meet new people?

- Every day  **4**
- Several times **3**
- Once **2**
- Not at all **1**
These questions ask how you have been getting along with your family recently.

What is your marital situation now?

<table>
<thead>
<tr>
<th>Marital Situation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living together as married</td>
<td>6</td>
</tr>
<tr>
<td>Married</td>
<td>5</td>
</tr>
<tr>
<td>Separated</td>
<td>4</td>
</tr>
<tr>
<td>Divorced</td>
<td>3</td>
</tr>
<tr>
<td>Widowed</td>
<td>2</td>
</tr>
<tr>
<td>Never married</td>
<td>1</td>
</tr>
</tbody>
</table>

(If married or living as married)

SR-1. In the last week, how often have you gotten very angry with your spouse?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Every day</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Once or twice</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>

SR-2. In the last week, how often did you go out of your way to be nice to your spouse?

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>4</td>
</tr>
<tr>
<td>Often</td>
<td>3</td>
</tr>
<tr>
<td>Several times</td>
<td>2</td>
</tr>
<tr>
<td>Never</td>
<td>1</td>
</tr>
</tbody>
</table>

SR-3. In the last month, how much have you enjoyed your spouse's company?

<table>
<thead>
<tr>
<th>Affection</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>A great deal</td>
<td>4</td>
</tr>
<tr>
<td>Quite a bit</td>
<td>3</td>
</tr>
<tr>
<td>A little</td>
<td>2</td>
</tr>
<tr>
<td>Not at all</td>
<td>1</td>
</tr>
</tbody>
</table>

SR-4. How well have you been getting along with your spouse recently?

<table>
<thead>
<tr>
<th>Cooperation</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very well</td>
<td>4</td>
</tr>
<tr>
<td>Well</td>
<td>3</td>
</tr>
<tr>
<td>Poorly</td>
<td>2</td>
</tr>
<tr>
<td>Very poorly</td>
<td>1</td>
</tr>
</tbody>
</table>
There are some things we share with family and friends; some things we can count on them for. These questions ask about your family and friends, as you see them now.

**SS-1.** When something nice happens to you, do you want to share the experience with your family?

- Always __4
- Often __3
- Sometimes __2
- Never __1

**SS-2.** When something nice happens to you, do you want to share the experience with your friends?

- Always __4
- Often __3
- Sometimes __2
- Never __1

**SS-3.** How much would your family be of help and support if you were sick, or moving, or having any other kind of problem?

- A great deal __4
- A lot __3
- A little __2
- None __1

**SS-4.** How much would your friends be of help and support to you if you were sick, or moving, or having any other kind of problem?

- A great deal __4
- A lot __3
- A little __2
- None __1
SS-5. How much would anyone in the community, other than family and friends, be of help and support to you if you were sick, or moving, or having any other kind of problem?

A great deal ___4
A lot ___3
A little ___2
None ___1
Quality of Life Questionnaire -- Respondent Self-Report Version

These questions are about your experience with work at home.

WH-1. In the last week, how well have you kept up with your share of the household work (cleaning, laundry, errands)?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely done</td>
<td>4</td>
</tr>
<tr>
<td>Quite well</td>
<td>3</td>
</tr>
<tr>
<td>Fairly well</td>
<td>2</td>
</tr>
<tr>
<td>Not at all</td>
<td>1</td>
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</tbody>
</table>

WH-2. How much of the household money management (paying the bills, budgeting) do you do?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>4</td>
</tr>
<tr>
<td>Most</td>
<td>3</td>
</tr>
<tr>
<td>A little</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
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</tbody>
</table>

WH-3. How much of the shopping for the household do you do (groceries, furnishings, supplies)?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>4</td>
</tr>
<tr>
<td>Most</td>
<td>3</td>
</tr>
<tr>
<td>A little</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
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</tbody>
</table>

WH-4. In the last month, how much time did you spend fixing or changing things connected with your car or home (repairs, redecorating, remodeling, yard work)?

<table>
<thead>
<tr>
<th>Choice</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Several days</td>
<td>4</td>
</tr>
<tr>
<td>A day or so</td>
<td>3</td>
</tr>
<tr>
<td>An hour or so</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>
Quality of Life Questionnaire -- Respondent Self-Report Version

WH-5. About how many hours per day do you usually spend preparing meals?

- More than 3 __4
- 1 to 3 hours __3
- An hour or less __2
- None __1
These questions concern looking for a job. Even if you are not looking for a job, the questions ask about how you would feel.

**EM-1. How good an impression do you feel you would make in a job interview?**

- Very good __4
- Good __3
- Poor __2
- Very poor __1

**EM-2. How serious are any emotional problems you may have which would make it hard for you to find work?**

- Very serious __4
- Pretty serious __3
- Slightly serious __2
- Not at all serious __1
- NA __0

**EM-3. How comfortable do you feel going out to look for a job?**

- Completely __4
- Quite __3
- Fairly __2
- Not at all __1

**EM-4. How hard is it for you to stick to a job when it becomes unpleasant or boring or stressful?**

- Can't do it at all __4
- Very hard __3
- A little hard __2
- Not at all hard __1
EM-5. If you had a chance to get more job training, how willing would you be to get it?

Not interested — 4
Slightly willing — 3
Fairly willing — 2
Very willing — 1

EM-6. How comfortable do you feel working with co-workers?

Not at all comfortable — 4
Fairly — 3
Quite — 2
Completely — 1

EM-7. The next two questions are a bit different. I'm going to ask you to list some things. Please name some of your hobbies and special interests.

More than 3 — 4
2 or 3 — 3
One — 2
None — 1

EM-8. Please name some of the ways you know for finding a job.

More than 3 — 4
2 or 3 — 3
One — 2
None — 1
These questions ask about your work on the job.

Are you employed?

*Full-time (35+ hours)* __4__  
*Part-time (17-34 hours)* __3__  
*Irregularly (<16 hours)* __2__  
*Not employed* __1__  

(If employed)

WJ-1. In the last month, how much time did you miss from work?

*Several days* __4__  
*A day or two* __3__  
*A little* __2__  
*None* __1__  

WJ-2. In the last month, how much difficulty did you have in doing your work?

*A great deal* __4__  
*Quite a bit* __3__  
*An hour or so* __2__  
*None* __1__  

WJ-3. How did you feel about the quality of work you did recently?

*Very good* __4__  
*Good* __3__  
*Bad* __2__  
*Very bad* __1__  

WJ-4. How much conflict have you had with people while you were working recently?

*A great deal* __4__  
*Quite a bit* __3__  
*A little* __2__  
*None* __1__
WJ-5. How interesting is your work?

Very interesting __4
  Moderately interesting __3
  Slightly interesting __2
  It's boring __1

WJ-6. In general, how much do you like your job?

  Really like it __4
  Like it __3
  Don't like it __2
  Hate it __1

WJ-7. In the last month, how many times did people complain about your work?

  More than 3 times __4
  2 or 3 times __3
  Once __2
  Not at all __1

WJ-8. In the past month, how many times did people say good things about your work?

  More than 3 times __4
  2 or 3 times __3
  Once __2
  Not at all __1
These questions ask about some of the ways you spend your time when you are not working at home, on the job, or in school.

MT-1. In the last week, how much time did you spend actively participating in recreation or sports?

<table>
<thead>
<tr>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+ hours</td>
<td>4</td>
</tr>
<tr>
<td>8-20 hours</td>
<td>3</td>
</tr>
<tr>
<td>1-7 hours</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>

MT-2. In the last week, how much time did you spend on your hobbies, creative pursuits, or games?

<table>
<thead>
<tr>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+ hours</td>
<td>4</td>
</tr>
<tr>
<td>8-20 hours</td>
<td>3</td>
</tr>
<tr>
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</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>N/A</td>
<td>0</td>
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</tbody>
</table>

MT-3. Of the TV watching you did last week, how much time did you spend on really interesting programs?

<table>
<thead>
<tr>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+ hours</td>
<td>4</td>
</tr>
<tr>
<td>8-20 hours</td>
<td>3</td>
</tr>
<tr>
<td>1-7 hours</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>N/A</td>
<td>0</td>
</tr>
</tbody>
</table>

MT-4. In the last week, how much time did you spend window shopping?

<table>
<thead>
<tr>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+ hours</td>
<td>4</td>
</tr>
<tr>
<td>8-20 hours</td>
<td>3</td>
</tr>
<tr>
<td>1-7 hours</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>
MT-5. In the last week, how much time did you spend on volunteer work?

<table>
<thead>
<tr>
<th>Hours</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+ hours</td>
<td>4</td>
</tr>
<tr>
<td>8-20 hours</td>
<td>3</td>
</tr>
<tr>
<td>1-7 hours</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>

MT-6. Not counting any time for which you were paid, how much time did you spend last week which you felt was boring and useless?

<table>
<thead>
<tr>
<th>Hours</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>20+ hours</td>
<td>4</td>
</tr>
<tr>
<td>8-20 hours</td>
<td>3</td>
</tr>
<tr>
<td>1-7 hours</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>1</td>
</tr>
</tbody>
</table>
These questions are about drinking alcoholic beverages.

In the last month, have you had any alcohol to drink like beer, wine or anything else?

- Yes __ 2
- No __ 1

(If "yes")

People sometimes have problems with using alcohol. The following questions ask about problems you may have had with alcohol in the last month.

NA-1. Have you had problems controlling your drinking?

- Very severe __ 4
- A lot __ 3
- A few __ 2
- None __ 1

NA-2. Problems controlling your behavior because of drinking?

- Very severe __ 4
- A lot __ 3
- A few __ 2
- None __ 1

NA-3. Problems with feelings like guilt, anger or depression because of drinking?

- Very severe __ 4
- A lot __ 3
- A few __ 2
- None __ 1
NA-4. Problems with your health because of drinking?

- Very severe __4
- A lot __3
- A few __2
- None __1

NA-5. Problems with your parents because of your drinking?

- Very severe __4
- A lot __3
- A few __2
- None __1
- (No contact with parents) N/A __0

NA-6. Problems with your friends because of your drinking?

- Very severe __4
- A lot __3
- A few __2
- None __1
- N/A __0

NA-7. Problems with your spouse because of your drinking?

- Very severe __4
- A lot __3
- A few __2
- None __1
- N/A __0

NA-8. Problems with your children because of your drinking?

- Very severe __4
- A lot __3
- A few __2
- None __1
- N/A __0
NA-9. Problems with your job or school because of drinking?

- Very severe: 4
- A lot: 3
- A few: 2
- None: 1
- N/A: 0

NA-10. Problems with any other activities because of drinking?

- Very severe: 4
- A lot: 3
- A few: 2
- None: 1
These questions are about drugs.

In the last month, have you used drugs or medications of any kind, including prescription, over-the-counter, or street drugs?

Yes __2
No __1

(IF "yes")

People sometimes have problems with the use of drugs or medications. The following questions ask about problems you may have had with drugs in the last month.

ND-1. Have you had problems controlling your use of drugs?

Very severe __4
A lot __3
A few __2
None __1

ND-2. Problems controlling your behavior because of drug use?

Very severe __4
A lot __3
A few __2
None __1

ND-3. Problems with feelings like guilt, anger or depression because of drugs?

Very severe __4
A lot __3
A few __2
None __1
ND-4. Problems with your health because of drug use?

Very severe __4
A lot __3
A few __2
None __1

ND-5. Problems with your parents because of your drug use?

Very severe __4
A lot __3
A few __2
None __1
(N o contact with parents) N/A __0

ND-6. Problems with your friends because of your drug use?

Very severe __4
A lot __3
A few __2
None __1
N/A __0

ND-7. Problems with your spouse because of your drug use?

Very severe __4
A lot __3
A few __2
None __1
N/A __0

ND-8. Problems with your children because of your drug use?

Very severe __4
A lot __3
A few __2
None __1
N/A __0
Quality of Life Questionnaire -- Respondent Self-Report Version

ND-9. Problems with your job or school because of drug use?

Very severe -- 4
   A lot     -- 3
   A few     -- 2
   None      -- 1
   N/A       -- 0

ND-10. Problems with any other activities because of drug use?

Very severe -- 4
   A lot     -- 3
   A few     -- 2
   None      -- 1