

QUALITY OF LIFE QUESTIONNAIRE

The Endorphasm Foundation

1) How would you rate your overall satisfaction with life?

poor below average good very good excellent

2) How would you rate your current health and well-being?

poor below average good very good excellent

3) How often do you get sick or go to the doctor?

once a week twice a month once a month once every six months once a year

4) How would you rate your past fitness level?

poor below average good very good excellent

5) How would you rate your current fitness level?

poor below average good very good excellent

6) How would you rate your perceived body image?

poor below average good very good excellent

7) How would you rate your current energy level?

poor below average good very good excellent

8) How would you rate your current ability to enjoy activities?

- poor below average good very good excellent

9) How would you rate your current mobility?

- poor below average good very good excellent

10) How would you rate your current level of pain?

- no pain manageable pain chronic pain unbearable pain

11) How would you rate your past eating habits?

- poor below average good very good excellent

12) How would you rate your current eating habits?

- poor below average good very good excellent

13) How would you rate your current ability to perform activities of daily living (bathing, grooming, dressing, cooking, cleaning...)?

- poor below average good very good excellent

14) How would you rate your current ability to perform work-related tasks?

- poor below average good very good excellent

15) How would you rate your sleep at night?

- poor below average good very good excellent

16) How would you rate your current mood?

- depressed mildly depressed content happy very happy