Comprehensive Quality of Life Scale

Adult

(ComQol-A5)

1997

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SECTION 1

This section asks for information about various aspects of your life. Please tick the box that most accurately describes your situation.

1.a) Where do you live?

A house		A flat or apartment		A room *(e.g. in a hostel)*	

Do you own the place where you live or do you rent?

Own		Rent	

b) How many personal posessions do you have compared with other people?

More than almost anyone	
More than most people	
About average	
Less than most people	
Less than almost anyone	

c) What is your personal or household (whichever is most relevant to you) gross annual income before tax?

Less than $10,999	
$11,000 - $25,999	
$26,000 - $40,999	
$41,000 - $55,999	
More than $56,000	

2.a) How many times have you seen a doctor in the past 3 months?

None	
1 - 2	
3 – 4 (about once a month)	
5 - 7 (about every 2 weeks)	
8 or more (about once a week or more)	

b) Do you have any disabilities or medical conditions? (e.g. visual, hearing, physical, health, etc.)

YES		NO	

If yes, please specify:

Name of disability or medical condition	*Extent of disability or medical condition*
E.g. Visual	Require glasses for reading
E.g. Diabetes	Require daily injections
E.g. Epilepsy	Require daily medication

c) What regular medication do you take each day?

None	

Name(s) of medication	

***3.*a) How many hours do you spend on the following each week? (Average over past 3 months)**

Hours paid work	0		1 - 10		11 - 20		21 - 30		31 – 40 +	
Hours formal education	0		1 - 10		11 - 20		21 - 30		31 – 40 +	
Hours unpaid child care	0		1 - 10		11 - 20		21 - 30		31 – 40 +	

b) In your spare time, how often do you have <u>nothing</u> much to do?

Almost always	
Usually	
Sometimes	
Not usually	
Almost never	

c) On average, how many hours of TV do you watch each day?

None	
1 a 2 hours	
3 a 5 hours	
6 a 9 hours	
10 or more hours	

***4*.a) How often do you talk with a close friend?**

Daily	
Several times a week	
Once a week	
Once a month	
Less than once a month	

b) If you are feeling sad or depressed, how often does someone show they care for you?

Almost always	
Usually	
Sometimes	
Not usually	
Almost never	

c) If you want to do something special, how often does someone else want to do it with you?

Almost always	
Usually	
Sometimes	
Not usually	
Almost never	

***5*.a) How often do you sleep well?**

Almost always	
Usually	
Sometimes	
Not usually	
Almost never	

b) Are you safe at home?

Almost always	
Usually	
Sometimes	
Not usually	
Almost never	

c) How often are you worried or anxious during the day?

Almost always	
Usually	
Sometimes	
Not usually	
Almost never	

***6*.a) Below is a list of leisure activities. Indicate how often in an average month you attend or do each one for your enjoyment (not employment).**

	Activity	Number of times per month
1	Go to a club/group/society	
2	Go to a hotel/bar/pub	
3	Watch live sporting events (not on TV)	
4	Go to a place of worship	
5	Chat with neighbours	
6	Eat out	
7	Go to a movie	
8	Visit family or friend	
9	Play sport or go to a gym	
10	Other (please describe)	

b) Do you hold an unpaid position of responsibility in relation to any club, group, or society?

YES		NO	

If no, go to question (c)
If yes, please indicate the highest level of responsibility held:

Committee Member	
Committee Chairperson/Convenor	
Secretary/Treasurer	
Group President, Chairperson or Convenor	

c) How often do people outside your home ask for your help or advice?

Almost every day	
Quite often	
Sometimes	
Not often	
Almost never	

***7*. a) How often can you do the things you really want to do?**

Almost always	
Usually	
Sometimes	
Not usually	
Almost never	

b) When you wake up in the morning, how often do you wish you could stay in bed all day?

Almost always	
Usually	
Sometimes	
Not usually	
Almost never	

c) How often do you have wishes that cannot come true?

Almost always	
Usually	
Sometimes	
Not usually	
Almost never	

SECTION 2

How important are each of the following life areas to you?

Please answer by placing a (***X***) in the appropriate box for each question.

There are no right or wrong answes. Please choose the boxthat best describes how important each area is to you. Do not spend too much time on any one question.

1. How important to you ARE THE THINGS YOU OWN?

Could not be more important	
Very important	
Somewhat important	
Slightly important	
Not important at all	

2. How important to you is YOUR HEALTH?

Could not be more important	
Very important	
Somewhat important	
Slightly important	
Not important at all	

3. How important to you is WHAT YOU ACHIEVE IN LIFE?

Could not be more important	
Very important	
Somewhat important	
Slightly important	
Not important at all	

4. How important to you are CLOSE RELATIONSHIPS WITH YOUR FAMILY OR FRIENDS?

Could not be more important	
Very important	
Somewhat important	
Slightly important	
Not important at all	

5. How important to you is HOW SAFE YOU FEEL?

Could not be more important	
Very important	
Somewhat important	
Slightly important	
Not important at all	

6. How important to you is DOING THINGS WITH PEOPLE OUTSIDE YOUR HOME?

Could not be more important	
Very important	
Somewhat important	
Slightly important	
Not important at all	

7. How important to you is YOUR OWN HAPPINESS?

Could not be more important	
Very important	
Somewhat important	
Slightly important	
Not important at all	

SECTION 3

How satisfied are you with each of the following life areas?

There are no right or wrong answers. Please (X) the box that best describes how satisfied you are with each area.

1. How satisfied are you with the THINGS YOU OWN?

Delighted	
Pleased	
Mostly satisfied	
Mixed	
Mostly dissatisfied	
Unhappy	
Terrible	

2. How satisfied are you with your HEALTH?

Delighted	
Pleased	
Mostly satisfied	
Mixed	
Mostly dissatisfied	
Unhappy	
Terrible	

3.How satisfied are you with what you ACHIEVE IN LIFE?

Delighted	
Pleased	
Mostly satisfied	
Mixed	
Mostly dissatisfied	
Unhappy	
Terrible	

4. How satisfied are you with your CLOSE RELATIONSHIPS WITH FAMILY OR FRIENDS?

Delighted	
Pleased	
Mostly satisfied	
Mixed	
Mostly dissatisfied	
Unhappy	
Terrible	

5. How satisfied are you with HOW YOU FEEL?

Delighted	
Pleased	
Mostly satisfied	
Mixed	
Mostly dissatisfied	
Unhappy	
Terrible	

6. How satisfied are you with DOING THINGS WITH PEOPLE OUTSIDE YOUR HOME?

Delighted	
Pleased	
Mostly satisfied	
Mixed	
Mostly dissatisfied	
Unhappy	
Terrible	

7. How satisifed are you with YOUR OWN HAPPINESS?

Delighted	
Pleased	
Mostly satisfied	
Mixed	
Mostly dissatisfied	
Unhappy	
Terrible	