

Perceived Quality of Life Scale (PQoL)

Instructions:

This inventory consists of 19 items, each with an 11-point response scale ranging from 0 (extremely dissatisfied/unhappy) to 10 (extremely satisfied/happy). Please read each statement and rate your response on the line provided next to the statement using the scale below:

- 0 - Extremely dissatisfied/unhappy
- 1 or 2 - Somewhat dissatisfied/unhappy
- 3 or 4 - A little dissatisfied/unhappy
- 5 - Neither satisfied/happy or dissatisfied/happy
- 6 or 7 - A little satisfied/happy
- 8 or 9 - Somewhat satisfied/happy
- 10 - Extremely satisfied/happy

Please rate the following:

- P 1 ___ How **dissatisfied** or **satisfied** are you with your physical health (the health of your body)?
- P 2 ___ How **dissatisfied** or **satisfied** are you with how well you care for yourself, for example, preparing meals, bathing, or shopping?
- C 3 ___ How **dissatisfied** or **satisfied** are you with well how you think and remember?
- P 4 ___ How **dissatisfied** or **satisfied** are you with the amount of walking you do?
- P 5 ___ How **dissatisfied** or **satisfied** are you with how often you get outside the house, for example, going into town, using public transportation or driving?
- C 6 ___ How **dissatisfied** or **satisfied** are you with how well you carry on a conversation, for example, speaking clearly, hearing others, or being understood?
- 7 ___ How **dissatisfied** or **satisfied** are you with the kind and amount of food you eat?