|  |  |  |
| --- | --- | --- |
| **Agency/Facility** | **Program** | **Date Completed** |

|  |
| --- |
| **For each box, put an🗙in the circle that applies to you.** |
| **Gender*** Male
* Female
 | **Age*** 20 and under
* 21-24
* 25-34
* 35-54
* 55-64
* 65 and older
 | **Primary reason for receiving services*** + Emotional/Mental Health
	+ Alcohol or Drugs
	+ Both Emotional/Mental Health and Alcohol or Drugs
 |
| **Race*** White
* Black/ African American
* American Indian/Alaskan
* Native Hawaiian/ Pacific Islander
* Asian
* Mixed
* Other
 | **Ethnicity*** Puerto Rican
* Mexican
* Other Hispanic or Latino
* Not Hispanic
 | **Length of Service*** Less than 1 year
* 12 months to 2 years
* 2 years to 5 years
* More than 5 years
 |

Please read each question, assess your feelings, and circle the number on the scale that gives the best answer for you for each question.

|  | *(Please circle the number)* |
| --- | --- |
|  | **Very poor** | **Poor** | **Neither poor nor good** | **Good** | **Very Good** |
| 1. How would you rate your quality of life?
 | **1** | **2** | **3** | **4** | **5** |

|  | *(Please circle the number)* |
| --- | --- |
|  | **Very dissatisfied** | **Dissatisfied** | **Neither satisfied nor dissatisfied** | **Satisfied** | **Very satisfied** |
| 1. How satisfied are you with your health?
 | **1** | **2** | **3** | **4** | **5** |

The following questions ask about **how much** you have experienced certain things in the last two weeks.

|  | *(Please circle the number)* |
| --- | --- |
|  | **Not at all** | **A little** | **A moderate amount** | **Very much** | **An extreme amount** |
| 1. To what extent do you feel that physical pain prevents you from doing what you need to do?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How much do you need any medical treatment to function in your daily life?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How much do you enjoy life?
 | **1** | **2** | **3** | **4** | **5** |
| 1. To what extent do you feel your life to be meaningful?
 | **1** | **2** | **3** | **4** | **5** |

|  | *(Please circle the number)* |
| --- | --- |
|  | **Not at all** | **Slightly** | **A Moderate amount** | **Very much** | **Extremely** |
| 1. How well are you able to concentrate?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How safe do you feel in your daily life?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How healthy is your physical environment?
 | **1** | **2** | **3** | **4** | **5** |

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

|  | *(Please circle the number)* |
| --- | --- |
|  | **Not at all** | **A little** | **Moderately** | **Mostly** | **Completely** |
| 1. Do you have enough energy for everyday life?
 | **1** | **2** | **3** | **4** | **5** |
| 1. Are you able to accept your bodily appearance?
 | **1** | **2** | **3** | **4** | **5** |
| 1. Have you enough money to meet your needs?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How available to you is the information that you need in your day-to-day life?
 | **1** | **2** | **3** | **4** | **5** |
| 1. To what extent do you have the opportunity for leisure activities?
 | **1** | **2** | **3** | **4** | **5** |

|  | *(Please circle the number)* |
| --- | --- |
|  | **Very poor** | **Poor** | **Neither poor nor well** | **Well** | **Very well** |
| 1. How well are you able to get around?
 | **1** | **2** | **3** | **4** | **5** |

The following questions ask you to say how **good** or **satisfied** you have felt about various aspects of your life over the last two weeks.

|  | *(Please circle the number)* |
| --- | --- |
|  | **Very dissatisfied** | **Dissatisfied** | **Neither satisfied nor dissatisfied** | **Satisfied** | **Verysatisfied** |
| 1. How satisfied are you with your sleep?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How satisfied are you with your ability to perform your daily living activities?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How satisfied are you with your capacity for work?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How satisfied are you with your abilities?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How satisfied are you with your personal relationships?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How satisfied are you with your sex life?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How satisfied are you with the support you get from your friends?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How satisfied are you with the conditions of your living place?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How satisfied are you with your access to health services?
 | **1** | **2** | **3** | **4** | **5** |
| 1. How satisfied are you with your mode of transportation?
 | **1** | **2** | **3** | **4** | **5** |

The following question refers to **how often** you have felt or experienced certain things in the last two weeks.

|  | *(Please circle the number)* |
| --- | --- |
|  | **Never** | **Seldom** | **Quiteoften** | **Veryoften** | **Always** |
| 1. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?
 | **1** | **2** | **3** | **4** | **5** |

|  |  |  |
| --- | --- | --- |
| Did someone help you to fill out this form? *(Please circle Yes or No)* | Yes | No |

# Thank you for your help