|  |  |  |
| --- | --- | --- |
| **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** | **Very satisfied** |
| 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** | **Quite often** | **Very often** | **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