
APPENDIX
Manchester Short Assessment of Quality of Life (MANSA)

Section 1

Date of birth ___ ___ ___; Gender ___; Ethnic origin ___; Diagnosis ___

Section 2

In a first interview, ask all questions 1 to 9. In a repeat interview, ask first, whether there have been any changes in the respondent's circumstances. If the answer is yes, complete questions 1 to 9. If the answer is no, go straight to section 3 (question 10).

1) Age at leaving full time education ___

2) Employment status ___

If employed, ask questions 3 and 4, otherwise ask question 5

3) What is your occupation?.....

4) How many hours a week do you work?___

5) What is your total monthly income after tax? _____

6) Which if any state benefits do you receive?.....

7) How many children (if any) do you have?___

8) Who else (if anybody) do you live with?___

9) In which type of residence do you currently live?___

Section 3

10) How satisfied are you with your life as a whole today?*

11) How satisfied are you with your job (or sheltered employment, or training/education as your main occupation)?*

Or if unemployed or retired, how satisfied are you with being unemployed/retired?*

12) How satisfied are you with your financial situation?*

- 13) Do you have anyone who you would call a ‘‘close friend’’? Yes/No
- 14) In the last week have you seen a friend? (visited a friend, been visited by a friend or met a friend outside both your home and work)? Yes/No
- 15) How satisfied are you with the number and quality of your friendships?*
- 16) How satisfied are you with your leisure activities?*
- 17) How satisfied are you with your accommodation?*
- 18) In the past year have you been accused of a crime? Yes/No
- 19) In the past year have you been a victim of physical violence? Yes/No
- 20) How satisfied are you with your personal safety?*
- 21) How satisfied are you with the people that you live with?*
- Or if you live alone, how satisfied are you with living alone?*
- 22) How satisfied are you with your sex life?*
- 23) How satisfied are you with your relationship with your family?*
- 24) How satisfied are you with your health?*
- 25) How satisfied are you with your mental health?*

*use the Satisfaction Scale below

Satisfaction Scale

1	2	3	4	5	6	7
Couldn't be worse	Displeased	Mostly Dissatisfied	Mixed	Mostly satisfied	Pleased	Couldn't be better
