

INFORMATION SHEET

CENTER: _____

EVALUATOR (NAME AND SURNAME): _____

ROLE: _____ DATE: _____

USER'S PRIVATE DATA

NAME AND SURNAME: _____

AGE: _____ SEX: _____

MAIN DIAGNOSIS: _____

DISABILITY TYPE

DISABILITY DEGREE

| | | | | | |
|--|---|---|---|---|---|
| - Learning and applying knowledge | 0 | 1 | 2 | 3 | 4 |
| - Communication | 0 | 1 | 2 | 3 | 4 |
| - Mobility | 0 | 1 | 2 | 3 | 4 |
| - Self-care | 0 | 1 | 2 | 3 | 4 |
| - Domestic life | 0 | 1 | 2 | 3 | 4 |
| - Interpersonal interactions and relationships | 0 | 1 | 2 | 3 | 4 |
| - General tasks and demands (carrying out single or multiple tasks, organizing routines and handling stress) | 0 | 1 | 2 | 3 | 4 |
| - Major life areas (engage in education, work and employment) | 0 | 1 | 2 | 3 | 4 |
| - Community, social and civic life | 0 | 1 | 2 | 3 | 4 |

0= no difficulty

1= slight difficulty not requiring assistance

2= considerable difficulty

3= severe difficulty requiring total assistance

4= ability only occasionally present

THE EVALUATION OF QUALITY OF LIFE INSTRUMENT

(S. Soresi & L. Nota)

Instructions: you will find below some questions about a number of life aspects. Using the scale below, please state how much, in your opinion, Mr/Ms (...) seems satisfied of each of them:

1 = *not at all satisfied*;

2 = *only partly satisfied*;

3 = *moderately satisfied*;

4 = *fairly satisfied*;

5 = *very much satisfied*.

In case you think an aspect *irrelevant*, as the person in question cannot perceive it, please indicate number 6.

If you think you cannot answer a question, please indicate number 7.

How much do you think Mr/Ms (...) is satisfied about:

- | | | | | | | | |
|--|---|---|---|---|---|---|---|
| 1. The hygiene and tidiness of the Centre/Institution? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. The hygiene and tidiness of the places in the Centre/Institution that he/she visits more often? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. The time devoted to him/her by the staff members? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. The privacy over the discussion of his/her problems? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. The opportunity to speak when he/she so wishes with the staff members? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. How he/she is treated by the staff members? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. How the centre/institution or the ward is furnished? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. The type of rehabilitation activity he/she carries out? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. The type of recreational activity he/she carries out? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. The type of social relationships he/she has established with the staff members? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. The type of decisional leeway he/she is given? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. The opportunity to visit environments outside the Centre/Institution? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 13. The opportunity to increase the number of social interactions outside the Centre/Institution? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 14. The opportunity to visit stimulating new environments? | 1 | 2 | 3 | 4 | 5 | 6 | 7 |

* * *