McGILL QUALITY OF LIFE QUESTIONNAIRE

STUDY IDENTIFICATION #: _____ DATE: _____

Instructions

The questions in this questionnaire begin with a statement followed by two opposite answers. Numbers extend from one extreme answer to its opposite. Please circle the number between 0 and 10 which is most true for you. There are no right or wrong answers. Completely honest answers will be most helpful.

EXAMPLE:

I am hungry:

not at all 0 1 2 3 4 5 6 7 8 9 10 extremely

- If you are not even a little bit hungry, you would circle 0.
- If you are a little hungry (you just finished a meal but still have room for dessert), you might circle a 1, 2, or 3.
- If you are feeling moderately hungry (because mealtime is approaching), you might circle a 4, 5, or 6.
- If you are very hungry (because you haven't eaten all day), you might circle a 7, 8, or 9.
- If you are extremely hungry, you would circle 10.

BEGIN HERE:

IT IS VERY IMPORTANT THAT YOU ANSWER ALL QUESTIONS FOR HOW YOU HAVE BEEN FEELING <u>JUST IN THE PAST TWO (2) DAYS</u>.

PART A											
Considering all parts of my life - physical, emotional, social, spiritual, and financial - <i>over the past two (2) days</i> the quality of my life has been:											
very bad	0	1	2	3	4	5	6	7	8	9 10	excellent

Please continue on the next page...

PART B: Physical Symptoms or Physical Problems

(1) For the questions in Part "B", please list the <u>PHYSICAL</u> <u>SYMPTOMS</u> <u>OR</u> <u>PROBLEMS</u> which have been the biggest problem for you over the past two (2) days. (Some examples are: pain, tiredness, weakness, nausea, vomiting, constipation, diarrhea, trouble sleeping, shortness of breath, lack of appetite, sweating, immobility. Feel free to refer to others if necessary).												
(2) Circle the number which best shows how big a problem each one has been for you OVER THE PAST TWO (2) DAYS .												
(3) If, over the past two (2) days, you had <u>NO</u> physical symptoms or problems, or only one or two, answer for each of the ones you <u>have</u> had and write "none" for the extra questions in Part B, then continue with Part C.												
1. Over the past two (2) days, one troublesome symptom has been:												
								(w	rite s	ympt	om)	
no problem	0	1	2	3	4	5	6	7	8	9	10	tremendous problem
2. Over the p another tro		-			ı has l	been:						
			5	•		_		(w	rite s	ympt	om)	
no problem	0	1	2	3	4	5	6	7	8	9	10	tremendous problem
3. Over the past two (2) days, a third troublesome symptom has been: (write symptom)												
no problem	0	1	2	3	4	5	6	7	8	9	10	tremendous problem

Please continue on the next page...

4. Over the past two (2) days I have felt:												
physically terrible	0	1	2	3	4	5	6	7	8	9	10	physically well

PART CPlease choose the number which best describes your feelings and thoughts OVER THE PAST TWO (2) DAYS.												
5. Over the past two (2) days, I have been depressed:												
not at all	0	1	2	3	4	5	6	7	8	9	10	extremely
6. Over the past two (2) days, I have been nervous or worried:												
not at all	0	1	2	3	4	5	6	7	8	9	10	extremely
7. Over the past two (2) days, how much of the time did you feel sad?												
never	0	1	2	3	4	5	6	7	8	9	10	always
8. Over the p	ast t	wo (2	2) day	vs, wh	en I t	houg	ht of 1	the fu	ture,	I was	:	
not afraid	0	1	2	3	4	5	6	7	8	9	10	terrified
9. Over the p	ast t	wo (2	2) day	/s, my	' life ł	nas be	en:					
utterly meaningles and withou purpose	S	1	2	3	4	5	6	7	8	9	10	very purposeful and meaningful
10. Over the past two (2) days, when I thought about my whole life, I felt that in achieving life goals I have:												
made no progress whatsoever	0	1	2	3	4	5	6	7	8	9	10	progressed to complete fulfillment
			P	lease	contii	nue or	n the i	next p	age			

11. Over the past two (2) days, when I thought about my life, I felt that my life to this point has been:												
completely worthless	0	1	2	3	4	5	6	7	8	9	10	very worthwhile
12. Over the past two (2) days, I have felt that I have:												
no control over my life	0	1	2	3	4	5	6	7	8	9	10	complete control over my life
13. Over the	13. Over the past two (2) days, I felt good about myself as a person.											
completely disagree	0	1	2	3	4	5	6	7	8	9	10	completely agree
14. To me, th	ne pas	st two	o (2) d	lays v	vere:							
a burden	0	1	2	3	4	5	6	7	8	9	10	a gift
15. Over the	past	two (2) da	ys, th	e wor	ld ha	s beei	1:				
an impersonal unfeeling p		1	2	3	4	5	6	7	8	9	10	caring and responsive to my needs
16. Over the	past	two (2) da	ys, I h	ave fe	elt su	pport	ed:				
not at all	0	1	2	3	4	5	6	7	8	9	10	completely

Please continue on the next page...

Please list or describe the things which had the greatest effect on your quality of life in the past two (2) days. Please tell us whether each thing you list made your quality of life better or worse during this time. If you need more space, please continue on the back of this page.

PART D

Thank you very much for your help.