APPENDIX

The SEQOL (Self-Evaluation of Quality of Life) Questionnaire

About the Questionnaire

The concept of the quality of life has become a central concept in health care with many Doctors becoming more interested in increasing the quality of life of their patients. We have developed this questionnaire to examine the connection between quality of life and illness.

An (m) or an (f) after a question denotes that it is to be answered by men or women respectively.

At the end of the questionnaire we would like to know how you felt about filling in the questionnaire. Space has been provided for any comments you may have on the questionnaire or any personal reflections you may have on quality of life. All comments will be read carefully.

Please consider every question carefully before answering. It is important to the investigation that you answer honestly. We recommend that you fill out the questionnaire alone.

Please try to answer all the questions unless, of course, you find them too unpleasant, in which case you do not have to answer.

The answers to the questionnaire are anonymous and the information provided by these questionnaires is processed electronically and governed by the Danish Act on Information Held in Record Systems; this investigation is regulated by the Danish Data Surveillance Authority

Instructions for filling out the Questionnaire

Please note that some of the questions deal with your subjective opinion whereas others deal with factual, objective matters. Most questions can be answered by simply circling the number that is placed next to the answer you have chosen (vertically or horizontally), for instance:

9 Sex: Female
2 Male

Where lines have been left open, please answer in words or numbers or give your opinion.

The answers are anonymous Please answer all the questions Thank you for your help

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Personal information

Please note that you are **not** to write your name on the questionnaire! Your reply is anonymous.

9 Sex:	1 2	female male
10 Age:		years
11 Height:_		cm

13	What	is	vour	marital	status?
10	* * IIut	10	your	minum	status.

12 Weight: ____kg

1	single	4	separated
2	living with partner	5	divorced
3	married	6	widowed

14 With whom do you live? (Please circle all that apply)

- 1 living alone
- 2 spouse or partner
- 3 own children
- 4 partner's children
- 5 adopted children
- 6 friends
- 7 biological parents
- 8 others
- 9 dog
- 10 cat
- 11 other domestic pet

15-16 Where do you live?

1	Copenhagen	3	In a village
2	In a large town (or	4	In the country
	suburb) of Copenhagen		_

Geographical location:

Postal Code

17 Type of housing:

1	own house
2	owner-occupied flat
3	cooperative
4	rented house
5	rented flat
6	rented room
7	student hostel (dormitory)
8	collective
9	others

education, please specify the	
19-24 List any higher educat training you have completed duration of each course embar vocational training - 30 months; appruniversity degree - 36 months):	also indicating the ked upon (for example,
n	nonths : nonths : nonths :
25-30 If you have a partner, p and training that he or she has	
n	nonths :
	nonths :
	nonths :
31-34 Your occupation . Plea occupation as precisely as pos owner instead of farmer, apprentice delectrician):	sible (for example, farm
What does your work consist of	of?
Please describe your partner's a partner):	occupation (if you have
What does your partner's work	k consist of?
35-36 What is your (and your n	artner's) occupational

35-36 What is your (and your partner's) **occupational status**? (Please circle one number in each column. If you are unemployed please refer to the occupation you have had for the longest period of time.)

tongest period of time.	You	Your
		partner
self-employed	1	1
assistant in spouse's business	2	2
unskilled/ semi-skilled worker	3	3
skilled worker	4	4
homemaker	5	5
salaried employee or civil servant	6	6
student	7	7
pensioner	8	8
receiving welfare benefits	9	9

37-38	If you or your partner have emplo	yees or
subor	dinates , please state how many:	
	yourself	your partner

39 Current sector in which you are employed:

1	public	3	unemployed
2	private unemployed	4	other

40-41 What was the total income before taxes for yourself and your partner last year? (Please circle a number in each column)

		your-	your
		self	partner
0	- 5.000 Euro/USD	1	1
5.001	-10.000 Euro/USD	2	2
10.001	-20.000 Euro/USD	3	3
20.001	-40.000 Euro/USD	4	4
40.001	-80.000 Euro/USD	5	5
ove	er 80.000 Euro/USD	6	6

- **42** Does your **household** have any of the following durable consumer goods?
- 1 telephone
- 2 television
- 3 computer
- 4 videocassette recorder
- 5 washing machine
- 6 summer cottage
- 7 car
- 8 motorcycle
- 9 boat
- **43** How would you describe your current financial and material situation?
- 1 very good
- 2 good
- 3 neither good nor poor
- 4 poor
- 5 very poor

Lifestyle

44 How many hours of exhausting **exercise** (heavy breathing and sweating) do you get **a week**? (including during work)

1	0 hours	4	about 2 hours
2	about 30 minutes	5	3-7 hours
3	about 1 hour	6	8 hours or more

45 Your **social network**: how many close friends or family members do you have **daily contact** with (for example, see them or talk to them on the telephone)?

1	none	4	3 a day
2	1 a day	5	4 or more
3	2 a day		

46 Do you have a friend with whom you can discuss any subject - and do?

1	yes	2	not sure	3	no

47 Your eating habits?

(Please circle the lines that apply to you)

- l eat what I like
- 2 I think my diet is healthy
- 3 I think my diet is not healthy enough
- 4 I have a low-calorie diet to maintain or lose weight
- 5 I eat ready-to-eat dishes or fast food at least once a week
- 6 I am a vegetarian
- 7 Information campaigns influence my eating habits

48-52 How much alcohol did you drink in the last			
complete weekday (Monday, Tuesday, Wednesday or			
Thursday)?			
ordinary beer (number of 33-cl bottles):			
strong beer (number of 33-cl bottles):			
red or white wine (number of glasses):			
dessert wine (number of glasses):			
spirits (number of drinks):			

53-57 How much **alcohol** did you drink **in total last weekend** (including Friday, Saturday and Sunday)?

ordinary beer (number of 33-cl bottles):	
strong beer (number of 33-cl bottles):	
red or white wine (number of glasses):	
dessert wine (number of glasses):	
spirits (number of drinks):	

- **58** Was your **alcohol** consumption **typical** of your normal level in the past week?
- 1 yes
- 2 no, more than typical
- 3 no, less than typical

59-63 Do you smoke?

- 1 yes, daily
- 2 yes, now and then
- 3 no, I stopped less than a year ago
- 4 no, I stopped more than a year ago
- 5 no, I have never smoked

If yes, how much do you smoke on average:

number of cigarettes daily	
number of cheroots daily	
number of cigars daily	
amount of smoking tobacco (grams)	

64 Have you ever tried any of the following **drugs**:

1	hash	8 ecstasy
2	LSD	9 methadone
3	psilosybin (mushrooms)	10 heroin, morphine
4	mescaline (cactus)	11 tranquilizers
5	amphetamine, speed	with alcohol
6	cocaine	12 none
7	crack	

Illness

65 -66 In relation to your **health**, how do you feel now? (Please circle a number in each column)

	physical health	mental health
very well	1	1
well	2	2
neither well nor ill	3	3
ill	4	4
very ill	5	5

67 In the **last year**, how many days of work have you missed due to **illness**? (Or, if you are unemployed, how many days would you have been too ill to work had you been in employment?)

1	0 -	. 3	days	4	31	-	100 days
2	4 -	10	days	5	101	-	300 days
3	11 -	30	days	6	301	-	365 days

68. If you suffer from illness or a health problem do you try to treat it by changing your outlook on life or your lifestyle?

1	no	2	not sure	3	yes
---	----	---	----------	---	-----

69 Do you receive alternative health care now?

- 1 ves
- 2 no, but i did previously
- 3 no, and i have never received it

70 Have you ever undergone an operation under full **anesthesia**?

1 no 2 not sure 3 yes

71-86 Do you have any of the following health problems **now**? (Please circle a number in each row)

	no	yes,	yes,
		some-	a lot
			what
pain or discomfort in shoulder or neck?	1	2	3
pain or discomfort in back or buttocks?	1	2	3
pain or discomfort in arms or hands, leg	S,		
knees, hips or joints?	1	2	3
headache	1	2	3
a rapid heart beat?	1	2	3
uneasiness nervousness, restlessness			
or anxiety?	1	2	3
stress	1	2	3
difficulty sleeping (insomnia)?	1	2	3
melancholy, depression or unhappiness?	1	2	3
tiredness?	1	2	3
stomach pain or stomachache?	1	2	3
indigestion, diarrhea or constipation?	1	2	3
eczema, rash, or itching?	1	2	3
cold, head cold, or cough?	1	2	3
difficulty in breathing or breathlessness?	1	2	3
discomfort in the sexual organs(f)	1	2	3

87 Did the health problems have anything to do with a certain illness or the treatment of it?

1 no

2 not sure

3 yes

88-90 Do you have an **illness or disorder** for which you are receiving medical treatment now?

1 no 2 yes

If yes: please state, as accurately as possible, the **diagnosis** of the illness or the nature of the handicap: (such as pollen allergy or depression)

What treatment or **medication** are you receiving? (Please write the brand name)

91-123 Do you have any of the following illnesses or disorders **now**? (Please circle a number in each line)

	no	yes
impaired hearing	1	yes 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
impaired sight	1	2
back problems	1	2
diabetes	1	2
mental illnesses	1	2
epilepsy	1	2
paralysis in any part of the body	1	2
high blood pressure	1	2
coronary thrombosis	1	2
cerebral hemorrhage or		
cerebral thrombosis	1	2
chronic bronchitis	1	2
allergy (not hayfever)	1	2
hayfever	1	2
eczema	1	2
psoriasis	1	2
lupus erythematosus	1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
ulcer	1	2
gallstones	1	2
kidney stones	1	2
HIV-positive	1	2
AIDŚ	1	2
cancer	1	2
congenital illnesses	1	2
amputation of arms or legs	1	2
venereal diseases	1	2
anorexia/bulimia	1	2
removal of a tumor in the breast (f)	1	2
removal of the entire breast (f)	1	2
menstrual problems (f)	1	2
diseases of the female sexual		
organs (not venereal diseases) (f)	1	2
had a cone biopsy performed (f)	1	2 2 2
had your uterus removed (f)	1	2

124 Have you ever had an abortion? (f)

1	no	3	yes, twice
2	yes, once	4	yes, 3 or more
			times

125 Have you ever had a miscarriage? (f)

1 no 2 not sure 3 yes

Sexuality

126 Are you sexually active?

yes 2 no

127 How satisfied are you with your sex life now?

- 1 very satisfied
- 2 satisfied
- 3 neither satisfied nor dissatisfied
- 4 dissatisfied
- 5 very dissatisfied

128 Sexual orientation:

1	heterosexual	(attracted to the opposite
		sex)
2	bisexual	(attracted to both sexes)

3 homosexual (attracted to your own sex)

129-137 Do you have sexual problems?

- no
- 2 yes, but they are not connected to any prolonged illness or disability
- yes, and they are connected to a prolonged illness or disability

If yes, what is your problem: (please circle a number in each line)

	yes	not	no
		sure	
lack of a suitable sexual partner	1	2	3
reduced sexual desire	1	2	3
pain or discomfort during intercourse	1	2	3
unable to achieve orgasm	1	2	3
decreased ability to achieve erection(r	n)1	2	3
premature ejaculation (m)	1	2	3
involuntary vaginal spasms severe end	ough		
to prevent intercourse (vaginism) (f)	Ĭ	2	3
other	1	2	3

Your Perception of Yourself

138-173 Do you feel you are (please circle a number in each line):

not sure no

yes

	ycs	not suic	110
healthy	1	2	3 3 3 3
physically strong	1	2	3
in harmony with yourself	1	2	3
honest	1	2	3
sensitive	1	2	3 3 3 3
loving	1	2	3
beautiful	1	2	3
sexually attractive	1	2	3
loved	1	2	3
cheerful	1	2	3
open	1	2	3
sociable	1	2	3 3 3 3
good	1	2	
free	1	$\bar{2}$	3
ethical	1	$\overline{2}$	3
with a sense of humor	1	$\overline{2}$	3 3 3 3
intelligent	1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
sensible	1	$\frac{1}{2}$	3
patient	ĺ	$\bar{2}$	3
psychologically strong	1	2	3 3 3 3
independent	1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
strong-willed	1	$\frac{1}{2}$	3
competent	1	$\bar{2}$	3
ambitious	1	$\frac{1}{2}$	3 3 3 3
involved	1	2	
creative	1	2	3
responsible	1	2	3
conscientious	1	2	3 3 3 3
	_	2	
filled with fighting spirit	1	2	3
brave	1	2	3
self-confident	1 1	2	3 3 3 3
a success		2	
profound	1	2	3 3 3 3
intuitive	1	2	3
spiritual	1	2	3
sincere	1	2	3

Your Perception of Life

174-194 (please circle a number in each line)

	yes	not	no
		sure	
do you feel comfortable in your body?	1	2	3
do you accept yourself as you are?	1	2 2 2 2	3
are you happy most of the time?	1	2	3
do you find your life boring?	1	2	3 3 3
do you have negative thoughts about yo	nır		
life several times a day?	1	2	3
do you often worry?	1	2 2 2 2	3 3 3
	1	2	2
do you often regret your actions?	_	2	2
do you often feel lonely?	1	2	3
do you sometimes think of committing		_	_
suicide?	1	2	3
do you think that other people			
speak well of you?	1	2	3
do you easily adjust to new situations?	1	2	3
do you see problems as a challenge?	1	2	3
do you feel your life is a success?	1	2 2 2 2	3 3 3
is there accordance between your though	ht	_	-
words and actions?	1	2	3
do you feel free to choose what	1	2	5
	1	2	3
your life is going to be like?	1	2	3
do you feel happy and look forward to			
starting a new day when waking up			
in the morning?	1	2	3
do you blame others for your	1	2	3
unhappiness?			
do you forgive others easily?	1	2	3
do you feel that fate has treated	-	_	-
you badly?	1	2	3
do you feel that your life has meaning?	1	2 2	3
	-	2	3
do you feel that you are part of a greate		2	2
whole?	1	2	3

Quality of Life

195-210 My life mainly focuses on:

(please circle a number in each line)

surviving making money my job being creative	yes 1 1 1 1	not sure 2 2 2 2 2	no 3 3 3 3
sex feeling good fulfilling my needs my relationship with my partner	1 1 1	2 2 2 2	3 3 3 3
my children or having children having good friends living in harmony with myself self-realization	1 1 1	2 2 2 2	3 3 3 3
my career making the world a better place serving God	1 1 1	2 2 2	3 3 3

others:

211 How are you feeling now?

- 1 very good
- 2 good
- 3 neither good nor poor
- 4 poor
- 5 very poor

212 How satisfied are you with your life now?

- 1 very satisfied
- 2 satisfied
- 3 neither satisfied nor dissatisfied
- 4 dissatisfied
- 5 very dissatisfied

213 How happy are you now?

- 1 very happy
- 2 happy
- 3 neither happy nor unhappy
- 4 unhappy
- 5 very unhappy

214 How would you assess the **quality of your life** now? (base your answer on what you believe quality of life to be)

- 1 yery high
- 2 high
- 3 neither high nor low
- 4 low
- 5 very low

Section A

The following questions concern your **current satisfaction** with life. Please answer all questions even if you do not have parents, a partner nor children.

215-224 At present how satisfied are you with: (Please note that you can be satisfied even with, for instance, poor health.)

	very	satis-	neither	dis	very
	satisatisfied	fied	/nor	satis'	dis'
your health ?	1	2	3	4	5
your material and financi	al				
situation?	1	2	3	4	5
your situation with your					
partner?	1	2	3	4	5
your parents (please answ	er				
even if your parents					
are not alive)?	1	2	3	4	5
your situation with regard	to				
children (please answer ev	en				
if you do not have childre	n)? 1	2	3	4	5
your relationships with frie	ends 1	2	3	4	5
your relationships with					
acquaintances?	1	2	3	4	5 5
the community around you	a? 1	2	3	4	5
nature in your local					
environment?	1	2	3	4	5
your job situation	1	2	3	4	5

225 How well did Section A (questions 215-224) enable you to express **your quality of life?**

- 1 very well
- 2 well
- 3 neither well nor poorly
- 4 poorly
- 5 very poorly

Section B

226-227 Do you have a partner?

- l yes
- 2 not sure
- 3 no, but I have had one.
- 4 no, and I have never had one

If yes, how long have you been with your present partner?

1	0-1 year	5	5-10 years
2	1-2 years	6	10-25 years
3		7	more than 25 years
4	3-5 years		J

228-248 Do you have children?

(If necessary, please circle more than one number)

- 1 yes, biological children
- 2 yes, my partner's children
- 3 yes, adopted children
- 4 no, but I or my partner is pregnant
- 5 no, I/we are involuntarily childless
- 6 no, I/we have chosen not to have children
- 7 no

If yes, please state the **sex** and **age** of your children:

	boy	girl	age
1st child (oldest)	1	2	
2nd child	1	2	
3rd child	1	2	
4th child	1	2	
5th child	1	2	

Did you have these children with your present partner?

	yes	no
1st child (oldest)	1	2
2nd child	1	2
3rd child	1	2
4th child	1	2
5th child	1	2

Are you living with your children?

	yes	no
1st child (oldest)	1	2
2nd child	1	2
3rd child	1	2
4th child	1	2
5th child	1	2

249 Were you **adopted** as a child?

1	no	2	not sure	3	yes
---	----	---	----------	---	-----

250 Are both your parents (or adoptive parents) alive?

- l yes
- 2 no, only one of them
- 3 no, none of them
- 4 do not know

251-260 How many **brothers and sisters** (or half brothers and half sisters) do you have and how old are they:

	brother	sister	half	half	age
			brother	sister	
1st sibling (oldest)	1	2	3	4	
2nd sibling	1	2	3	4	
3rd sibling	1	2	3	4	
4th sibling	1	2	3	4	
5th sibling	1	2	3	4	

261 Are you a twin?

1	no	3	yes, fraternal
2	no, triplet	4	yes, identical

262 -296 A good relationship consists of:

- •good and useful communication
- •an emotional fellowship
- •being equal, open and honest toward each other
- •being able to talk about all important issues
- •a relationship that is not characterized by unresolved conflicts, suppression and dominance or sexual problems.

Compared with this, how good is your current **relationship** with: (Circle the numbers which suit your life. Please leave out people you have never been in contact with or who are dead)

your present partner your last partner your previous partners	Very good 1 1 1	good 2 2 2 2	Neither /nor 3 3 3	Poor 4 4 4 4	Very Poor 5 5 5
1st child (oldest) 2nd child 3rd child 4th child 5th child	1 1 1 1	2 2 2 2 2 2	3 3 3 3 3	4 4 4 4	5 5 5 5 5
biological father biological mother stepfather stepmother adoptive father adoptive mother	1 1 1 1 1	2 2 2 2 2 2 2	3 3 3 3 3 3	4 4 4 4 4	5 5 5 5 5 5
maternal grandmother maternal grandfather paternal grandmother paternal grandfather	1 1 1 1	2 2 2 2	3 3 3 3	4 4 4 4	5 5 5 5
1st sibling (oldest)) 2nd sibling 3rd sibling 4th sibling 5th sibling	1 1 1 1	2 2 2 2 2 2	3 3 3 3 3	4 4 4 4	5 5 5 5 5
partner's father partner's mother partner's siblings partner's friends	1 1 1	2 2 2 2	3 3 3 3	4 4 4 4	5 5 5
your grandchildren your other relatives your friends your fellow workers your acquaintances	1 1 1 1	2 2 2 2 2 2	3 3 3 3 3	4 4 4 4	5 5 5 5 5
yourself the community	1	2	3	4	5
around you nature around you	1 1	2 2	3	4 4	5 5

297 How well does Section B (questions 226-296) enable you to express **your quality of life?**

- very well
- 2 well
- 3 neither well nor poorly
- 4 poorly
- 5 very poorly

Section C

The following questions deal with family, work and leisure time.

298 How do you feel when you are at home?

- very good
- 2 good
- 3 neither good nor poor
- 4 poor
- very poor

299 How do you feel when you are at work (if you do not have a job, how do you feel in your everyday life)?

- very good
- 2 good
- 3 neither good nor poor
- 4 poor
- very poor

300 How do you feel in your leisure time?

- very good
- good
- 3 neither good nor poor
- 4 poorly
- very poor

301 How well does Section C (questions 297-299) enable you to express your quality of life?

- very well
- 2 well
- 3 neither well nor poorly
- poorly
- very poorly

302-303 How good is your work environment? (If you do not have any work, please go to the next question)

	socially p	hysically
very good	1	1
good	2	2
neither good nor poor	3	3
poor	4	4
very poor	5	5

304 Do you feel that your work is **meaningful**? (If you do not have any work, please assess your normal daily activities)

- 1. very meaningful
- 2 meaningful
- 3 neither meaningful nor meaningless
- meaningless
- very meaningless

Section D

The following questions deal with how well your needs are fulfilled

305 How well are your basic biological needs being fulfilled now? (that is. your physical needs such as food, clothing, heating, housing, sleep, sex, safety and security .)

- very well
- well
- 23 neither well nor poorly
- 4 poorly
- 5 very poorly
- I do not have these needs

306 How well are your **social needs** being fulfilled now?

(that is, your needs for warm human contact, recognition, friendship and social acceptance).

- very well
- 2 well
- 3 neither well nor poorly
- poorly
- 5 very poorly
- I do not have these needs

307 How well is your **need to be useful** being

fulfilled now (that is, your need to help other people and your contribution to making the world a better place)?

- very well
- 2 well
- 3 neither well nor poorly
- poorly
- 5 very poorly
- I do not have this need

308 How well is your need for an exciting and varied life being fulfilled now (that is, your need to have an exciting and varied life with various experiences and actions)?

- very well
- 23 well
- neither well nor poorly
- poorly
- very poorly
- I do not have these needs

develop insight and the ability to take action that will enable you to live in ever increasing harmony with yourself)?

- very well
- well
- 2 neither well nor poor
- poorly
- 5 very poorly
- I do not have these needs

310 How well does section D (questions 303-309) enable you to express your quality of life?

- very well
- 2 well
- 3 neither well nor poorly
- 4 poorly
- very poorly

How well are **your needs** being fulfilled now

- very well
- 2. well
- 3 neither well nor poorly
- 4 poorly
- 5 very poorly

312 How many of the following societal norms do you fulfill now? (Societal norms here means having a) a job; b) education c) nuclear family; and d) at least 2 friends in whom you can confide everything and do so.)

- all four
- 2 three of four
- 3 two of four
- 4 one of four
- none

313 How good is your peace of mind (your inner

equilibrium and state of health) now?

- very good
- 2 good
- 3 neither good nor poor
- 4 poor
- 5 very poor

314 How well are you realizing your deepest desires now?

- very well
- 2. well
- 3 neither well nor poorly
- 4 poorly
- very poorly

315 How **meaningful** is your life now?

- very meaningful
- meaningful
- 3 neither meaningful nor meaningless
- 4 meaningless
- very meaningless

	valuation and criticism of the uestionnaire (1-315)	
	6 How easy did you find it to fill out the estionnaire?	
1 2 3 4 5	very easy easy neither easy nor difficult difficult very difficult	
	7 Did you find it strenuous to fill out the estionnaire?	
1 2 3	not strenuous strenuous very strenuous	
	8 How was your mood when you filled out the estionnaire	323-324 Did the questionnaire cover all the dimensions that relate to your quality of life?
1 2 3	better than usual usual worse than usual	1 yes 2 not sure 3 not sure.
	How long did it take you to fill out the estionnaire?	topics have not been included:
1 2 3 4 5	less than 30 minutes 30 minutes to 1 hour 1-2 hours 2-4 hours more than 4 hours	
you	0-321 While going through the questionnaire, did a come across any questions you felt we should have asked? (unethical questions)?	
1	no 2 not sure 3 yes	
If y	yes or in doubt, please explain the reason:(please e the number of the question)	
bee Wo exp	Would you like to comment on any of the swers you have given, or the questions you have en asked? Ould you like to remark on the investigation or press your own view on quality of life? If so, ase feel free to write any comments, favorable or nerwise, below.	