

## Health Questionnaire

Q-LES-Q-SF

Taking everything into consideration, **during the past week**, how satisfied have you been with your...

	Very Poor	Poor	Fair	Good	Very Good
1. physical health	1	2	3	4	5
2. mood	1	2	3	4	5
3. work	1	2	3	4	5
4. household activities	1	2	3	4	5
5. social relationships	1	2	3	4	5
6. family relationships	1	2	3	4	5
7. leisure time activities	1	2	3	4	5
8. ability to function in daily life	1	2	3	4	5
9. sexual drive, interest, and/or performance*	1	2	3	4	5
10. economic status	1	2	3	4	5
11. living/housing situation*	1	2	3	4	5
12. ability to get around physically without feeling dizzy or unsteady or falling?*	1	2	3	4	5
13. your vision in terms of ability to do work or hobbies?*	1	2	3	4	5
14. overall sense of well being	1	2	3	4	5
15. medication (if not taking any, check here <input type="checkbox"/> and leave item blank)	1	2	3	4	5
16. How would you rate your overall life satisfaction and contentment during the past week?	1	2	3	4	5

\*If satisfaction is very poor, poor or fair on these items, please UNDERLINE the factor(s) associated with a lack of satisfaction. (For example, if your satisfaction is poor for your housing situation, underline housing.)

Name: \_\_\_\_\_ Date: \_\_\_\_\_