

ComQol-S5

This scale has three sections. The first will ask you for some factual information. The next two will ask how you feel about various aspects of your life.

To answer each question put a (√) in the appropriate box. Please ask for assistance if there is anything you do not understand.

Please answer all the questions and do not spend too much time on any one item.

What is your date of birth?

_____/_____/_____
day month year

What is your sex? (circle one)

Male

Female

Section 1

This section asks for information about various aspects of your life. Please tick the box that most accurately describes your situation.

*1(a) Where do you live?

A house

A flat or apartment

A room (e.g. in a hostel) or caravan

Do your parents own the place where you live or do they pay rent?

Own

Rent

*b) How many clothes and toys do you have compared with other people of your age?

More than almost anyone

More than most people

About average

Less than most people

Less than almost anyone

*c) If either of your parents has paid work, please give the name of their job.

Father _____

Mother _____

2a) How many times have you seen a doctor over the past 3 months?

None

1 - 2

3-4
(about once a month)

5-7
(about every two weeks)

8 or more
(about once a week or more)

b) Do you have any on-going medical problems? (e.g. visual, hearing, physical, health, etc.).

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If **yes** please specify:

Name of medical condition

Extent of medical condition

e.g. Visual
Diabetes
Epilepsy

Require glasses for reading
Require daily injections
Requires daily medication

(c) What regular medication do you take *each day*?

If none tick box

or

Name(s) of medication (don't worry if you get the spelling wrong)

3(a) How many hours do you spend on the following *each week*? (Average over past 3 months)

Hours work for pay (not counting pocket money)	0	<input type="checkbox"/>	1-10	<input type="checkbox"/>	11-20	<input type="checkbox"/>	21-30	<input type="checkbox"/>	31-40+	<input type="checkbox"/>
Hours at school or college	0	<input type="checkbox"/>	1-10	<input type="checkbox"/>	11-20	<input type="checkbox"/>	21-30	<input type="checkbox"/>	31-40+	<input type="checkbox"/>
Hours unpaid child care	0	<input type="checkbox"/>	1-10	<input type="checkbox"/>	11-20	<input type="checkbox"/>	21-30	<input type="checkbox"/>	31-40+	<input type="checkbox"/>

(b) In your spare time, how often do you have nothing much to do?

Almost always	Usually	Sometimes	Not Usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) On average, how many hours TV do you watch each day?

Hours per day

None	1 – 2	3 – 5	6 – 9	10 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4(a) How often do you talk with a close friend?

Daily	Several times a week	Once a week	Once a month	Less than once a month
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) If you are feeling sad or depressed, how often does someone show they care for you?

Almost always	Usually	Sometimes	Not Usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) **If you want to do something special, how often does someone else want to do it with you?**

Almost always	Usually	Sometimes	Not Usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5(a) **How often do you sleep well?**

Almost always	Usually	Sometimes	Not Usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) **Are you safe at home?**

Almost always	Usually	Sometimes	Not Usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) **How often are you worried or anxious during the day?**

Almost always	Usually	Sometimes	Not Usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***6(a) Below is a list of leisure activities. Indicate how often in an *average month* you attend or do each one for your enjoyment (not employment).**

Activity **Number of times per month**

- | | |
|---|-------|
| (1) Go to a club/group/society | _____ |
| (2) Meet with friend(s) | _____ |
| (3) Watch live sporting events
(Not on TV) | _____ |
| (4) Go to a place of worship | _____ |
| (5) Chat with neighbours | _____ |
| (6) Eat out | _____ |
| (7) Go to a movie | _____ |
| (8) Visit family | _____ |
| (9) Play sport or go to a gym | _____ |
| (10) Other (please describe) | _____ |

(b) Do you hold an *unpaid* position of responsibility in relation to any team, club, group, or society?

Yes No If no, go to question (c)

If 'yes', please indicate the highest level of responsibility held:

- Committee Member
- Committee Chairperson/Convenor
- Secretary/Treasurer/Team Vice-captain
- Captain, Group President, Chairperson or Convenor

(c) How often do people *outside your home* ask for your help or advice?

Almost every day	Quite often	Sometimes	Not often	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7(a) How often can you do the things you *really* want to do?

Almost always	Usually	Sometimes	Not Usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(b) When you wake up in the morning, how often do you wish you could stay in bed *all day*?

Almost always	Usually	Sometimes	Not Usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(c) How often do you have wishes that *cannot* come true?

Almost always	Usually	Sometimes	Not Usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section 2

How *Important* are each of the following life areas to you?

Please answer by placing a (√) in the appropriate box for each question.

There are no right or wrong answers. Please choose the box that best describes how **important each area is to you**. Do not spend too much time on any one question.

1. How *important to you* ARE THE THINGS YOU OWN?

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How *important to you* is YOUR HEALTH?

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How *important to you* is WHAT YOU ACHIEVE IN LIFE?

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. **How *important to you* are CLOSE RELATIONSHIPS WITH YOUR FAMILY OR FRIENDS?**

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **How *important to you* is HOW SAFE YOU FEEL?**

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. **How *important to you* is DOING THINGS WITH PEOPLE OUTSIDE YOUR HOME?**

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. **How *important to you* is YOUR OWN HAPPINESS?**

Could not be more important	Very important	Somewhat important	Slightly important	Not important at all
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

