

Monday, May 14, 2012
5:23 PM

per question. For example:

YES - the client 'agreed' with the statement.

NO - the client 'disagreed' with the statement.

DK - the client 'did not know' or would/could not answer.

3.2 Where employed, please list occupation.

3.3 Indicate number.

3.4 Indicate amount.

3.5-3.7 Enter ISS score. NB clients who are currently employed will be asked 3.5 and 3.6. Clients NOT CURRENTLY employed will be asked only 3.7. All clients should be asked one or the other.

SECTION 4: LEISURE/PARTICIPATION.

4.1-4.5 In some instances where a series of such question are asked, the scoring has been simplified to 1 = YES, 2 = NO and 3 = DK (do not know, was unwilling to answer, question not applicable). In these instances, however, the same rules apply with ONLY ONE answer being CIRCLED per question.

SECTION 5: RELIGION.

5.1 Enter appropriate letter.

5.2 Enter appropriate number.

5.3-5.4 Enter ISS score.

SECTION 6: FINANCES.

6.1 Enter total income before deductions or payment of expenses.

6.2 List benefits.

6.3 Circle client's response.

6.4 Enter amount required.

6.5 Circle client's response.

6.6-6.7 Enter ISS score.

SECTION 7: LIVING CIRCUMSTANCES.

7.1 Enter appropriate letter.

7.2 Enter number of years and months.

7.3 Enter number.

7.4-7.5 Circle client's response.

7.6-7.12 Enter ISS score.

SECTION 8: LEGAL AND SAFETY.

8.1-8.2 Circle client's response.

8.3-8.4 Enter ISS score.

SECTION 9: FAMILY RELATIONS.

9.1 Enter appropriate letter.

9.2 Enter number.

9.3 Enter appropriate letter.

9.4 Circle client's response.

9.5-9.7 Enter ISS score.

SECTION 10: SOCIAL RELATIONS.

10.1-10.4 Circle client's response.

10.5-10.6 Enter ISS score.

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SECTION 11: HEALTH.

11.1-11.5 Circle client's response.

11.6 Enter number of years.

11.7 Circle client's response.

11.8-11.10 Enter ISS score.

11.11-11.20 Circle client's response.

SECTION 12: SELF-CONCEPT.

12.1-12.10 Circle client's response.

SECTION 13: GENERAL WELL BEING.

13.1 Enter ISS score.

13.2 Content's ladder is a measure of global well-being scored by the client him/herself directly on the questionnaire. Have the client look at the ladder and make one mark, preferably an 'X', at the point on the ladder which best expresses his/her current level of life satisfaction. The mark need not rest on any rung but may lie anywhere on the ladder. The mark must lie WITHIN the ladder, however, and not next to it.

13.3 Enter appropriate letter.

13.4.1-13.4.3 list only one item per line.

SECTION 14: FINAL REMARKS.

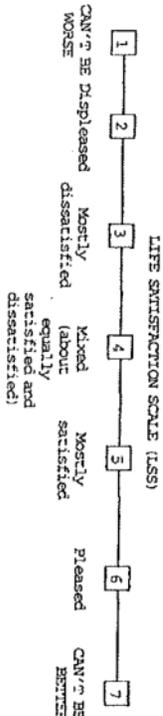
14.1 Circle client's response.

SECTION 15: INTERVIEWER COMMENTS.

15.1 Enter number of minutes.

15.2 Enter appropriate letter.

15.3 Mark with a 'X' for Quality of Life Unscale.



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LANGUAGE QUALITY OF LIFE PROFILE

NAME OR IDENTIFICATION NUMBER _____
ADDRESS (optional): _____

DATE OF INTERVIEW: _____

INTERVIEWER'S NAME: _____

If the client DECLINES to be interviewed, please state the reason(s) and STOP HERE: _____

STARTING TIME: _____

SECTION 1: CLIENT'S PERSONAL DETAILS.

- 1.1 The client's age is: _____ years
- 1.2 The client is _____ male / female
- 1.3 The client's ethnic group is: _____
- a. White b. Black-Caribbean c. Black-African
- d. Black-Other e. Indian f. Pakistani g. Bangladeshi
- h. Chinese i. Other
- 1.4 At what age did the client leave full-time education? _____ years

SECTION 2: GENERAL WELL-BEING.

2.1 Can you tell me how you feel about your life as a whole today? (LSS) _____

SECTION 3: WORK/EDUCATION.

- 3.1 Do you have a job? _____ YES / NO / DK
- 3.2 (If YES) What is your occupation? _____
- 3.3 How many hours per week do you work? _____ hrs.
- 3.4 How much money are you paid weekly (gross)? _____
- How satisfied are you with: (LSS)
- 3.5 your job? (or sheltered employment; occupational or industrial therapy; studies) _____
- 3.6 the amount of money that you make? _____
- 3.7 being unemployed or retired? (if appropriate) _____

FOR OFFICE USE ONLY

CARD 1

1-5

6-11

12-14

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SECTION 4: LEISURE/PARTICIPATION.

- In the past fortnight, have you:
- 4.1 been out to play or watch a sport? _____ Y N DK
- 4.2 been out shopping? _____ 1 2 3
- 4.3 been for a ride in a bus, car or train other than for transport to and from work? _____ 1 2 3
- 4.4 watched television or listened to radio? _____ 1 2 3
- 4.5 in the past year, have there been times when you would have liked to have had more leisure activity but were unable? _____ 1 2 3

How satisfied are you with: (LSS)

- 4.6 the amount of pleasure you get from things you do at home? _____
- 4.7 the amount of pleasure you get from things you do outside your home? _____
- 4.8 the pleasure you get from radio or tv.?

SECTION 5: RELIGION.

- 5.1 What is your religion now? _____
- a. Protestant d. Muslim
- b. Roman Catholic e. Hindu
- c. Jewish f. Other
- 5.2 How often have you attended religious services in the past month? _____
- How satisfied are you with: (LSS)
- 5.3 your religious faith and its teachings? _____
- 5.4 the frequency with which you attend services? _____

SECTION 6: FINANCES.

- 6.1 What is your total weekly income? _____
- 6.2 Which, if any, state benefits do you receive? _____
- 6.3 In the past year, have you been turned down for any state benefits for which you have applied? _____ YES / NO / DK
- 6.4 About how much more money per week do you need to be able to live as you would wish? _____
- 6.5 During the past year, have you ever lacked the money to enjoy everyday life? _____ YES / NO / DK
- How satisfied are you with: (LSS)
- 6.6 how well-off you are financially? _____
- 6.7 the amount of money you have to spend on enjoyment? _____

FOR OFFICE USE ONLY

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SECTION 7: LIVING SITUATION.

- 7.1 The client's current residence is: _____
 - a. Hostel
 - b. Boarding-out
 - c. Group home
 - d. Hospital ward
 - e. Sheltered housing
 - f. Private house (owner occupied)
 - g. Private house (rental)
 - h. Flat
 - i. Other
 - j. None
- 7.2 How long have you lived here? _____ yrs. _____ mos.
- 7.3 How many other people live here? _____
- 7.4 Do your family live here too? YES / NO / DK
- 7.5 In the past year have there been times when you wanted to move or improve your living conditions but were unable to do so? YES / NO / DK

How satisfied are you with: (LSS)

- 7.6 the living arrangements you have here? _____
- 7.7 the amount of independence you have here? _____
- 7.8 the amount of influence you have here? _____
- 7.9 living with the people you live with? _____
- 7.10 the amount of privacy that you have here? _____
- 7.11 the prospect of living here for a long time? _____
- 7.12 the prospect of returning to live in hospital (if applicable) _____

SECTION 8: LEGAL AND SAFETY.

- 8.1 In the past year have you been:
 - a. accused of a crime? Y N DK
 - b. assaulted, beaten, molested or otherwise a victim of violence? 1 2 3
- 8.2 In the past year have there been any times when you would have liked police or legal help but were unable to get it? 1 2 3

How satisfied are you with: (LSS)

- 8.3 your general personal safety? _____
- 8.4 the safety of this neighbourhood? _____

SECTION 9: FAMILY RELATIONS.

- 9.1 What is your current marital status? _____
 - a. Married
 - b. Single
 - c. Widowed
 - d. Divorced
 - e. Separated
 - f. Other
- 9.2 How many children do you have? _____

FOR OFFICE USE ONLY

CARD 2

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- 9.3 How often do you have contact with a relative?
 - a. daily
 - b. weekly
 - c. monthly
 - d. annually
 - e. less than annually
 - f. not appropriate/DK
- 9.4 In the past year have there been any times when you would have liked to have participated in family activities but were unable? YES / NO / DK

How satisfied are you with: (LSS)

- 9.5 your family in general? _____
- 9.6 the amount of contact you have with your relatives? _____
- 9.7 your marriage? (if applicable) _____

SECTION 10: SOCIAL RELATIONS.

People differ in how much friendship they need:

- 10.1 Would you say that you are the sort of person who can manage without friends? Y N DK
- 10.2 Do you have anyone who you would call a "close friend" (i.e. who knows you very well)? 1 2 3
- 10.3 Do you have a friend to whom you could turn for help if you needed it? 1 2 3
- 10.4 In the past week, have you visited with a friend? 1 2 3

How satisfied are you with: (LSS)

- 10.5 the way that you get on with other people? _____
- 10.6 the number of friends you have? _____

SECTION 11: HEALTH.

- During the past year have you:
 - 11.1 seen a doctor for a physical illness? Y N DK
 - 11.2 seen a doctor for your nerves? 1 2 3
 - 11.3 been in hospital for your nerves? 1 2 3
 - 11.4 Do you have medication for your nerves? 1 2 3
 - 11.5 Do you have any physical handicap which affects your mobility? 1 2 3
 - 11.6 How old were you when you were first admitted to a psychiatric hospital/ward? (if appropriate) _____ yrs.
 - 11.7 In the past year have there been times when you wanted help from a doctor or other professional for your health but were unable to get it? YES / NO / DK

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CARD 2

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How satisfied are you with:(ISS)

- 11.8 your general state of health? _____
- 11.9 how often you see a doctor? _____
- 11.10 your nervous well-being? _____

During the past month, did you ever feel:

- 11.11 pleased about having accomplished something? Y N DK
- 11.12 that things were going your way? 1 2 3
- 11.13 proud because some one complimented you 1 2 3
- 11.14 particularly excited or interested on something you had done? 1 2 3
- 11.15 "on top of the world"? 1 2 3
- 11.16 too restless to sit in a chair? 1 2 3
- 11.17 bored? 1 2 3
- 11.18 depressed or very unhappy? 1 2 3
- 11.19 very lonely or remote from other people? 1 2 3
- 11.20 upset because someone criticised you? 1 2 3

SECTION 12: SELF-CONCEPT.

How satisfied we are with ourselves is also a very important part of our lives. Do you agree that the following statements apply to you:

- 12.1 You feel that you're a person of worth, at least on an equal plane with others. Y N DK
- 12.2 You feel that you have a number of good qualities. 1 2 3
- 12.3 All in all, you are inclined to feel that you are a failure. 1 2 3
- 12.4 You are able to do things as well as most others. 1 2 3
- 12.5 You feel you do not have much to be proud of. 1 2 3
- 12.6 You take a positive attitude toward yourself. 1 2 3
- 12.7 On the whole, you are satisfied with yourself. 1 2 3
- 12.8 You wish you could have more respect for yourself. 1 2 3
- 12.9 You certainly feel useless at times. 1 2 3
- 12.10 At times you think you are no good at all. 1 2 3

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- 45
- 46

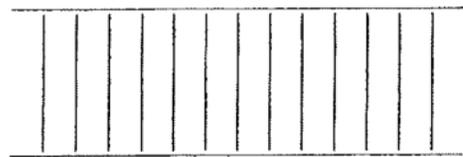
SECTION 13: GENERAL WELL-BEING.

During the course of this interview, you and I have discussed many of the conditions of your life and how you feel about them. Right we try and sum them up now?

13.1 Can you tell me how you feel about your life as a whole? (ISS)

13.2 This is a picture of a ladder. I would like you to imagine that the bottom of the ladder represents the very worst outcome which you could expect to have had in life. The top represents the very best possible outcome you could have expected. Can you please mark (X) where on this ladder you would put your life at present? (Ask client to mark ladder!)

BEST POSSIBLE OUTCOME



WORST POSSIBLE OUTCOME

FOR OFFICE USE ONLY

CARD 3

1

2-4

13.3 How happy has your life been over-all? _____ FOR OFFICE USE ONLY

- a. Very happy
- b. pretty happy
- c. not happy
- d. don't know

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13.4 Can you name anything (s) which would improve the quality of your life?

- 1. _____ 6-7
- 2. _____ 8-9
- 3. _____ 10-11

SECTION 14: FINAL REMARKS.

Thank you for having spoken to me in such an honest and open way about your life.

14.1 It is possible that we may wish to contact you again in future, perhaps next year. Would you be willing to be interviewed again? YES / NO / DK

12

Thank you very much for your co-operation.

FINISHING TIME: _____

SECTION 15: INTERVIEWER COMMENTS.

Before filling this questionnaire or proceeding on to the next interview, would you please complete the following section while your impressions of both the client and the setting for the interview are still fresh in your memory.

15.1 How long did the interview take? _____ mins

13-15

15.2 How reliable or unreliable do you think the client's responses were? _____

16

- a. Very reliable
- b. generally reliable
- c. generally unreliable
- d. Very unreliable

FOR THE INTERVIEWER

15.3 Please complete the QUALITY OF LIFE UNSCALE NOW. PLEASE MARK WITH AN X THE APPROPRIATE PLACE WITHIN THE BOX TO INDICATE YOUR RATING OF THIS PERSON'S PRESENT QUALITY OF LIFE.

LOWEST quality applies to someone completely dependent physically on others, seriously mentally disabled, unaware of surroundings and in a hopeless position.

HIGHEST quality applies to someone physically and mentally independent, communicating well with others, able to do most things enjoyed, pulling own weight, with a hopeful yet realistic attitude.

LOWEST QUALITY [] HIGHEST QUALITY

FOR OFFICE USE ONLY 17-19

THANK YOU FOR YOUR HELP. Please return completed questionnaires to:

Assistant Director (Development) Social Services Headquarters

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