

Instructions: Please indicate the quality of your health and life at present, from “low” to “high,” by circling any of the ten points on the line for each of the following items:

1. Physical Well-Being (feeling energetic, free of pain and physical problems)

Low High

1 2 3 4 5 6 7 8 9 10

2. Mental/Emotional Well-Being (feeling good, comfortable with yourself, clear headed)

Low High

1 2 3 4 5 6 7 8 9 10

3. Self care and Independent Functioning (doing things that make me happy; carrying out daily living tasks; making own decisions)

Low High

1 2 3 4 5 6 7 8 9 10

4. Occupational Functioning (able to carry out work, school and parenting duties)

Low High

1 2 3 4 5 6 7 8 9 10

5. Interpersonal Functioning (able to respond and relate well with family, friends, and groups)

Low High

1 2 3 4 5 6 7 8 9 10

6. Social-Emotional Support (availability of people you can trust and who can offer help and emotional support)

Low High

1 2 3 4 5 6 7 8 9 10

7. General Perception of Quality of Life (feeling satisfied and happy with your life overall)

Low High

1 2 3 4 5 6 7 8 9 10

Name: _____
Case #: _____

Caseload #: _____
Date: _____