

**Ferrans and Powers**  
**QUALITY OF LIFE INDEX<sup>®</sup>**  
**GENERIC VERSION - III**

**PART 1.** For each of the following, please choose the answer that best describes how *satisfied* you are with that area of your life. Please mark your answer by circling the number. There are no right or wrong answers.

| <b>HOW SATISFIED ARE YOU WITH:</b>                                    | Very Dissatisfied | Moderately Dissatisfied | Slightly Dissatisfied | Slightly Satisfied | Moderately Satisfied | Very Satisfied |
|---|-------------------|-------------------------|-----------------------|--------------------|----------------------|----------------|
| 1. Your health?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 2. Your health care?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 3. The amount of pain that you have?                                  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 4. The amount of energy you have for everyday activities?             | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 5. Your ability to take care of yourself without help?                | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 6. The amount of control you have over your life?                     | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 7. Your chances of living as long as you would like?                  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 8. Your family's health?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 9. Your children?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 10. Your family's happiness?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 11. Your sex life?  | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 12. Your spouse, lover, or partner?                                   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 13. Your friends?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 14. The emotional support you get from your family?                   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 15. The emotional support you get from people other than your family? | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |

(Please Go To Next Page)

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**HOW SATISFIED ARE YOU WITH:**

|   | Very Dissatisfied | Moderately Dissatisfied | Slightly Dissatisfied | Slightly Satisfied | Moderately Satisfied | Very Satisfied |
|---|-------------------|-------------------------|-----------------------|--------------------|----------------------|----------------|
| 16. Your ability to take care of family responsibilities?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 17. How useful you are to others?                           | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 18. The amount of worries in your life?                     | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 19. Your neighborhood?                                      | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 20. Your home, apartment, or place where you live?          | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 21. Your job (if employed)?                                 | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 22. Not having a job (if unemployed, retired, or disabled)? | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 23. Your education?   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 24. How well you can take care of your financial needs?     | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 25. The things you do for fun?                              | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 26. Your chances for a happy future?                        | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 27. Your peace of mind?                                     | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 28. Your faith in God?                                      | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 29. Your achievement of personal goals?                     | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 30. Your happiness in general?                              | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 31. Your life in general?                                   | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 32. Your personal appearance?                               | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |
| 33. Yourself in general?                                    | 1                 | 2                       | 3                     | 4                  | 5                    | 6              |

(Please Go To Next Page)

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**PART 2.** For each of the following, please choose the answer that best describes how *important* that area of your life is to you. Please mark your answer by circling the number. There are no right or wrong answers.

| <b>HOW IMPORTANT TO YOU IS:</b>                                       | Very Unimportant | Moderately Unimportant | Slightly Unimportant | Slightly Important | Moderately Important | Very Important |
|---|------------------|------------------------|----------------------|--------------------|----------------------|----------------|
| 1. Your health?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 2. Your health care?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 3. Having no pain?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 4. Having enough energy for everyday activities?                      | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 5. Taking care of yourself without help?                              | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 6. Having control over your life?                                     | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 7. Living as long as you would like?                                  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 8. Your family's health?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 9. Your children?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 10. Your family's happiness?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 11. Your sex life?  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 12. Your spouse, lover, or partner?                                   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 13. Your friends?   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 14. The emotional support you get from your family?                   | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 15. The emotional support you get from people other than your family? | 1                | 2                      | 3                    | 4                  | 5                    | 6              |

(Please Go To Next Page)

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**HOW IMPORTANT TO YOU IS:**

|   | Very Unimportant | Moderately Unimportant | Slightly Unimportant | Slightly Important | Moderately Important | Very Important |
|---|------------------|------------------------|----------------------|--------------------|----------------------|----------------|
| 16. Taking care of family responsibilities?             | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 17. Being useful to others?                             | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 18. Having no worries?                                  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 19. Your neighborhood?                                  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 20. Your home, apartment, or place where you live?      | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 21. Your job (if employed)?                             | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 22. Having a job (if unemployed, retired, or disabled)? | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 23. Your education?                                     | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 24. Being able to take care of your financial needs?    | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 25. Doing things for fun?                               | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 26. Having a happy future?                              | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 27. Peace of mind?                                      | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 28. Your faith in God?                                  | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 29. Achieving your personal goals?                      | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 30. Your happiness in general?                          | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 31. Being satisfied with life?                          | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 32. Your personal appearance?                           | 1                | 2                      | 3                    | 4                  | 5                    | 6              |
| 33. Are you to yourself?                                | 1                | 2                      | 3                    | 4                  | 5                    | 6              |

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