

Client Information

<i>Client Name</i>	Client Demo
<i>Date of birth (age)</i>	18 January 1998 (22)

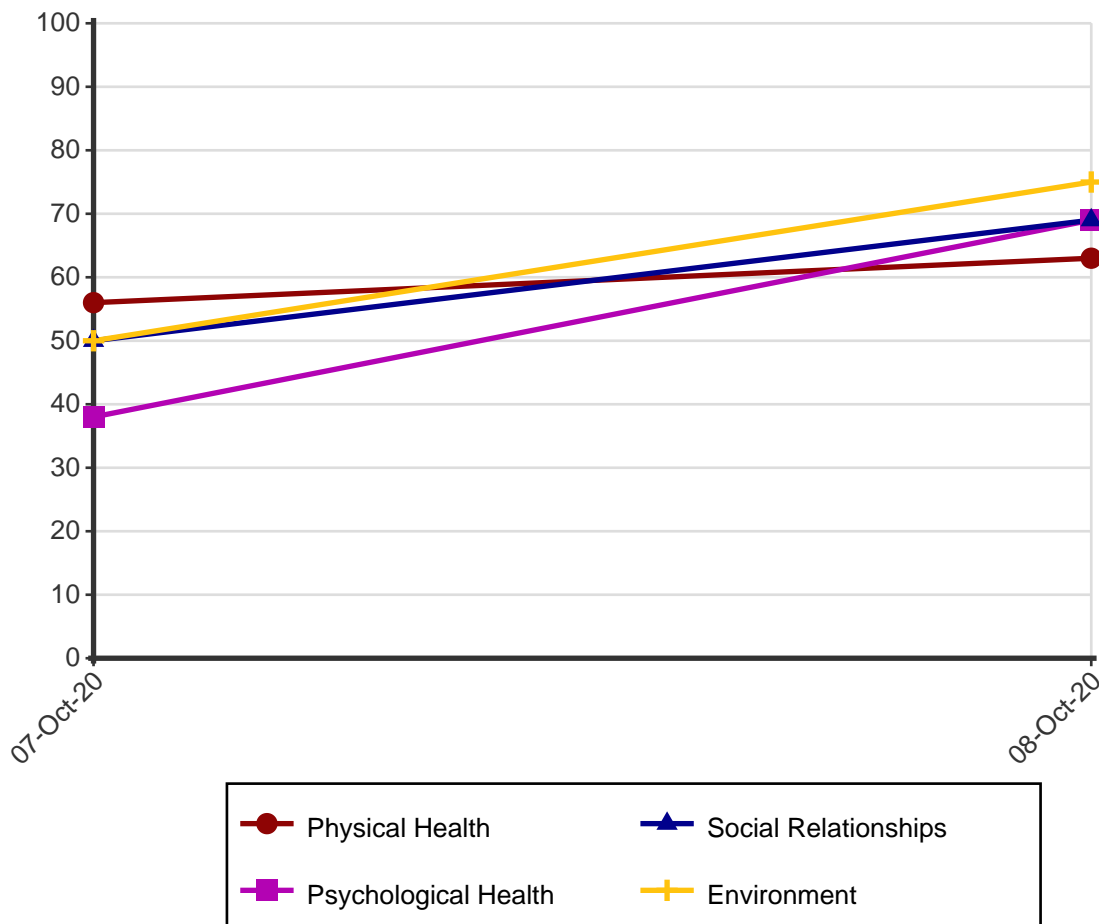
Assessment Information

<i>Assessment</i>	WHO - Quality of Life - Brief (WHOQOL-BREF)
<i>Date administered</i>	8 October 2020
<i>Assessor</i>	Mr Demo Assessor
<i>Time taken</i>	2 minutes 11 seconds

Results

	Raw Score	Transformed	Percentile
Physical Health	24	63	28.1
Psychological Health	22	69	45.5
Social Relationships	11	69	44.5
Environment	31	75	50

Transformed Scores



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Scoring and Interpretation Information

The total score is presented between 26 and 156, where higher scores represent higher levels of quality of life. A quality of life profile is also produced by examining the four domain scores.

1. Physical Health – (Q 3, 4, 10, 15, 16, 17, 18). Raw scores between 7 and 35.
2. Psychological Health – (Q 5, 6, 7, 11, 19, 26). Raw score between 6 and 30
3. Social relationships – (Q 20, 21, 22). Raw score between 3 and 15.
4. Environment – (Q 8, 9, 12, 13, 14, 23, 24, 25). Raw score between 8 and 40

As well as raw scores being presented, a transformed score between 0 and 100 is computed based on methodology published in the WHOQOL-BREF manual. This allows domain scores to be compared to each other. Higher transformed scores are indicative of higher level of quality of life.

Scores are also presented a percentile rank against the normative Australian population. Higher percentiles represent higher quality of life, and a percentile 50 represents average quality of life.

Client Responses

		Very poor	Poor	Neither poor nor good	Good	Very good
1	How would you rate your quality of life?	1	2	3	4	5
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2	How satisfied are you with your health?	1	2	3	4	5
		Not at all	A little	A moderate amount	Very much	An extreme amount
3	The following questions ask about how much you have experienced certain things in the last two weeks. To what extent do you feel that physical pain prevents you from doing what you need to do?	5	4	3	2	1
		Not at all	A little	A moderate amount	Very much	An extreme amount
4	How much do you need any medical treatment to function in your daily life?	5	4	3	2	1

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Client Responses (cont.)		Not at all	A little	A moderate amount	Very much	An extreme amount
5	How much do you enjoy life?	1	2	3	4	5
6	To what extent do you feel your life to be meaningful?	1	2	3	4	5
		Not at all	A little	A moderate amount	Very much	Extremely
7	How well are you able to concentrate?	1	2	3	4	5
8	How safe do you feel in your daily life?	1	2	3	4	5
9	How healthy is your physical environment?	1	2	3	4	5
		Not at all	A little	Moderately	Mostly	Completely
10	The following questions ask about how completely you experience or were able to do certain things in the last two weeks. Do you have enough energy for everyday life?	1	2	3	4	5
11	Are you able to accept your bodily appearance?	1	2	3	4	5
12	Have you enough money to meet your needs?	1	2	3	4	5
13	How available to you is the information that you need in your day-to-day life?	1	2	3	4	5
14	To what extent do you have the opportunity for leisure activities?	1	2	3	4	5
		Very poor	Poor	Neither poor nor good	Good	Very good
15	How well are you able to get around?	1	2	3	4	5
		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
16	The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the last two weeks. How satisfied are you with your sleep?	1	2	3	4	5
17	How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18	How satisfied are you with your capacity for work?	1	2	3	4	5
19	How satisfied are you with yourself?	1	2	3	4	5

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Client Responses (cont.)		Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
20	How satisfied are you with your personal relationships?	1	2	3	4	5
21	How satisfied are you with your sex life?	1	2	3	4	5
22	How satisfied are you with the support you get from your friends?	1	2	3	4	5
23	How satisfied are you with the conditions of your living place?	1	2	3	4	5
24	How satisfied are you with your access to health services?	1	2	3	4	5
25	How satisfied are you with your transport?	1	2	3	4	5
		Never	Seldom	Quite often	Very often	Always
26	The following question refers to how often you have felt or experienced certain things in the last two weeks. How often do you have negative feelings such as blue mood, despair, anxiety, depression?	5	4	3	2	1