

WESTERN  
Mental Health  
RESEARCH CENTER

Gaines Hall  
Oregon Health Sciences University  
Portland, Oregon  
97201-2985  
(503) 494-5668

# QUALITY OF LIFE QUESTIONNAIRE

## RESPONDENT SELF-REPORT VERSION

### INTERVIEW SCHEDULE

Douglas A. Bigelow, Ph.D.  
Madeline M. Olson  
Susan Smoyer  
Linda Stewart

A consortium of the:

Department of Psychiatry  
School of Medicine  
Oregon Health Sciences University

Center for Health Research  
Kaiser Permanente

Oregon Mental Health and  
Developmental Disability Services  
Division

Supported by the:

National Institute of Mental Health  
U.S. Department of Health and  
Human Services

Suggested citation:

Partially funded by NIMH Contract #278-77-0029, Contract #278-79-0053,  
and Grant number P50 MH43458

Bigelow, D.A., Gareau, M.J., & Young, D.J. (1991). Quality of Life Questionnaire--Respondent Self-Report Version (Interview Schedule). Western Mental Health Research Center. Oregon Health Sciences University, Portland, Oregon.

The Western Mental Health Research Center combines the scientific capabilities of the Oregon Health Sciences University Department of Psychiatry, the Kaiser Permanente Center for Health Research and the State of Oregon Mental Health and Developmental Disability Services Division. Established under a grant from the National Institute of Mental Health, the Center is dedicated to improving the lives of people with severe mental illnesses by conducting research on the organization, financing and delivery of mental health services. The Center provides an environment in which scientists can make use of research opportunities provided by Oregon's public and private mental health systems. In addition to the founding grant from the National Institute of Mental Health, sources of support for the Center's research include the State of Oregon as well as the Milbank Memorial Fund and other private contributors.

**Relevant Articles:**

- Bigelow, D.A., Brodsky, G., Stewart, L., & Olson, M. (1982). The concept and measurement of quality of life as a dependent variable in evaluation of mental health services. In W. Tash & G. Stahler (Eds.). *Innovative approaches to mental health evaluation*. New York: Academic Press. (Reliability of the Quality of Life Questionnaire--Respondent Self-Report version).
- McPheeters, H.L., (1984). Statewide mental health outcome evaluation: a perspective of two Southern states. *Community Mental Health Journal*, 20, 44-55. (Application of the Quality of Life Questionnaire--Respondent Self-Report version).
- Bigelow, D.A., Gareau, M.J., & Young, D.J. (1990). A quality of life interview for chronically disabled people. *Psychosocial Rehabilitation Journal*, 14, 94-98. (Reliability of the Quality of Life Questionnaire--Interviewer Rating version).
- Bigelow, D.A., McFarland, B.H., & Olson, M. (1991). Quality of life of community mental health program clients: validating a measure. *Community Mental Health Journal*, 27, 43-55. (Validity of the Quality of Life Questionnaire--Respondent Self-Report Version).
- Bigelow, D.A., McFarland, B.H., Gareau, M.J., & Young, D.J. (1991). Implementation and effectiveness of a bed reduction project. *Community Mental Health Journal*, 27, 125-133. (Validity of the Quality of Life Questionnaire--Interviewer Rating version).
- Bigelow, D.A., & Young, D.J. (1991). Effectiveness of a case management program. *Community Mental Health Journal*, 27, 115-123. (Validation and application of the Quality of Life Questionnaire--Respondent Self-Report version).

Single copies of the Quality of Life Questionnaire--Respondent Self-Report version (Interview Schedule and Guidelines) as well as the Quality of Life Questionnaire--Interviewer Rating Version are available at no cost from the Western Mental Health Research Center.

The Quality of Life Questionnaire is available in two versions -- the Respondent Self-Report version and the Interviewer Rating version. The Respondent Self-Report version is a fixed-response questionnaire which is designed to be administered in a structured interview following the Respondent Self-Report Guidelines. The Interviewer Rating version is a semi-structured interview which allows for a great deal of interviewer discretion. The user is advised to examine both versions of the Quality of Life Questionnaire and to review the pertinent journal articles before selecting the version of the instrument to be used in a specific project.

A 200 page manual, "Program Impact Monitoring System," which describes a comprehensive approach using the Quality of Life Questionnaire to evaluate community mental health programs may be purchased for \$30.00 from:

Western Mental Health Research Center  
Gaines Hall  
Oregon Health Sciences University  
Portland, Oregon 97201  
(503) 494-5668

Please make check payable to:

"OHSU Account Number 70 262 4695"

*These questions ask about how you have been feeling in the past week. Pleasant and unpleasant feelings of several different kinds are covered.*

PD-1. In the past week, how often have you felt very restless, unable to sit still, or fidgety?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PW-1. In the past week, how often have you enjoyed your leisure hours (evenings, days off, etc.)?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PD-2. In the past week, how often have you felt preoccupied with your problems (can't think of anything else)?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PW-2. In the past week, how often have you been pleased with something you did?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PD-3. In the past week, how often have you felt unpleasantly different from everyone and everything around you?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PW-3. In the past week, how often have you felt proud because you were complimented?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PD-4. In the past week, how often have you felt fearful or afraid?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PW-4. In the past week, how often have you felt that things were "going your way"?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PD-5. In the past week, how often have you felt sad or depressed?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PW-5. In the past week, how often have you felt excited about or interested in something?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PD-6. In the past week, how often have you felt angry?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PW-6. In the past week, how often have you felt that life was going just about right for you?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PD-7. In the past week, how often have you felt mixed-up or confused?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PD-8. In the past week, how often have you felt tense (uptight)?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PW-7. In the past week, how often have you felt good about decisions you've made?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PD-9. In the past week, how often have you had trouble sleeping?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PW-8. In the past week, how often have you felt like you've spent a worthwhile day?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PD-10. In the past week, how often have you had trouble with poor appetite, or inability to eat?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PW-9. In the past week, how often have you felt serene and calm?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PD-11. In the past week, how often have you had trouble with indigestion?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PW-10. In the past week, how often have you found yourself really looking forward to things?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

PD-12. In the past week, how often have you had trouble with fatigue?

*All the time*    \_\_4  
*Often*            \_\_3  
*Several times*    \_\_2  
*None of the time* \_\_1

*Everybody has unpleasant feelings sometimes: we wake up depressed, get upset or frustrated or frightened. These questions ask how much difficulty you have had recently in handling these unpleasant feelings.*

TS-1. How much difficulty have you had handling feelings of depression recently?

*Great difficulty*    \_\_3  
*Some difficulty*    \_\_2  
*No difficulty*        \_\_1  
NA                      \_\_0

TS-2. How much difficulty have you had handling being upset recently?

*Great difficulty*    \_\_3  
*Some difficulty*    \_\_2  
*No difficulty*        \_\_1  
NA                      \_\_0

TS-3. How much difficulty have you had handling frustration recently?

*Great difficulty*    \_\_3  
*Some difficulty*    \_\_2  
*No difficulty*        \_\_1  
NA                      \_\_0

TS-4. How much difficulty have you had handling being frightened or shaken up recently?

*Great difficulty*    \_\_3  
*Some difficulty*    \_\_2  
*No difficulty*        \_\_1  
NA                      \_\_0

*These questions ask about your living situation, eating, income, transportation, and medical care. The purpose is to see if these needs are met to at least a minimum level of satisfaction.*

TB-1. How satisfied are you with your home -- its state of repair, amount of room, furnishing, warmth, lighting, etc.?

*Very satisfied*    \_\_4  
*Satisfied*        \_\_3  
*Dissatisfied*    \_\_2  
*Very dissatisfied* \_\_1

TB-2. How satisfied are you with your home, considering the amount of privacy, your neighbors, security, etc.?

*Very satisfied*    \_\_4  
*Satisfied*        \_\_3  
*Dissatisfied*    \_\_2  
*Very dissatisfied* \_\_1

TB-3. *This question asks about how well your income covers things you must have--food, medicine, clothing, etc.* How adequate is your present income for your present needs?

*Very adequate*    \_\_4  
*Adequate*        \_\_3  
*Inadequate*      \_\_2  
*Very inadequate* \_\_1

TB-4. Are you worried about your future income covering the things you must have?

*Terribly worried* \_\_4  
*Quite worried*    \_\_3  
*Slightly worried* \_\_2  
*Not at all worried* \_\_1

TB-5. Can you get around town as you need for work, shopping, medical appointments, visiting, etc.?

*Can't get around at all* \_\_\_4  
*With much difficulty* \_\_\_3  
*With little difficulty* \_\_\_2  
*With no difficulty* \_\_\_1

TB-6. In the last month, have you needed medical care? No=0 (N/A) If yes, did you have difficulty getting medical care?

*Yes* \_\_\_2  
*No* \_\_\_1  
*N/A* \_\_\_0

TB-7. Do you have a regular or family doctor?

*Yes* \_\_\_2  
*No* \_\_\_1

TB-8. Do you have medical insurance?

*Yes* \_\_\_2  
*No* \_\_\_1

TB-9. Do you know where to get emergency medical help?

*Yes* \_\_\_2  
*No* \_\_\_1

*These questions ask how you handle making decisions, dealing with conflict, asserting yourself, etc.*

IN-1. In the last week, how did you find shopping, paying bills, preparing meals, and generally looking after your basic necessities?

*Very easy*     \_\_4  
*Fairly easy*   \_\_3  
*Rather difficult* \_\_2  
*Very difficult* \_\_1

IN-2. ... and how enjoyable was it?

*Very enjoyable*   \_\_4  
*Fairly enjoyable* \_\_3  
*Fairly unpleasant* \_\_2  
*Very unpleasant* \_\_1

IN-3. In the last week, how often did you go out socially?

*More than 3 times* \_\_4  
*2 or 3 times*     \_\_3  
*Once*             \_\_2  
*Never*            \_\_1

IN-4. When you receive broken merchandise, poor service, or are overcharged, how hard is it for you to complain to the store, dealer or company?

*Can't do it at all* \_\_4  
*Very hard*        \_\_3  
*A little hard*    \_\_2  
*Not hard at all* \_\_1

IN-5. When you want to join a conversation (e.g., at a party) how hesitant do you feel about doing so?

- Can't do it at all* \_\_\_4
- Very hesitant* \_\_\_3
- Slightly hesitant* \_\_\_2
- Not at all hesitant* \_\_\_1

IN-6. When you are treated unfairly by someone you know well, a family member or close friend, how difficult is it for you to tell them so?

- Can't do it at all* \_\_\_4
- Very difficult* \_\_\_3
- Slightly difficult* \_\_\_2
- Not difficult* \_\_\_1

IN-7. How confident are you in the decisions you make for yourself (what to buy, where to live, what to do, etc.)?

- Quite confident* \_\_\_4
- Some confidence* \_\_\_3
- Little confidence* \_\_\_2
- No confidence* \_\_\_1

IN-8. How often do you put off making important decisions until it is too late?

- Always* \_\_\_4
- Often* \_\_\_3
- Occasionally* \_\_\_2
- Never* \_\_\_1

*These questions ask how you have been getting along with people in the last week.*

II-1. In the past week, how many times have you spoken with neighbors?

*More than 3 times*    \_\_4  
*2 or 3 times*        \_\_3  
*Once*                    \_\_2  
*Never*                    \_\_1

II-2. In the last week, how often have you spoken with people you saw at work or school or other daily activities?

*More than 3 times*    \_\_4  
*2 or 3 times*        \_\_3  
*Once*                    \_\_2  
*Never*                    \_\_1

II-3. Do you feel that people avoid you?

*All the time*        \_\_4  
*Often*                \_\_3  
*Occasionally*      \_\_2  
*Never*                \_\_1

II-4. Do you feel that people are unkind to you?

*All the time*        \_\_4  
*Often*                \_\_3  
*Occasionally*      \_\_2  
*Never*                \_\_1

II-5. How comfortable do you feel being around people in general?

*Very uncomfortable*    \_\_4  
*Uncomfortable*        \_\_3  
*Comfortable*            \_\_2  
*Very comfortable*    \_\_1

II-6. Last week, how often did you get to places where you could meet new people?

- Every day*    \_\_4
- Several times* \_\_3
- Once*        \_\_2
- Not at all*   \_\_1

What is your marital situation now?

*Living together as married* \_\_\_6  
*Married* \_\_\_5  
*Separated* \_\_\_4  
*Divorced* \_\_\_3  
*Widowed* \_\_\_2  
*Never married* \_\_\_1

*(If married or living as married)*

SR-1. In the last week, how often have you gotten very angry with your spouse?

*Every day* \_\_\_4  
*Often* \_\_\_3  
*Once or twice* \_\_\_2  
*Never* \_\_\_1

SR-2. In the last week, how often did you go out of your way to be nice to your spouse?

*All the time* \_\_\_4  
*Often* \_\_\_3  
*Several times* \_\_\_2  
*Never* \_\_\_1

SR-3. In the last month, how much have you enjoyed your spouse's company?

*A great deal* \_\_\_4  
*Quite a bit* \_\_\_3  
*A little* \_\_\_2  
*Not at all* \_\_\_1

SR-4. How well have you been getting along with your spouse recently?

*Very well* \_\_\_4  
*Well* \_\_\_3  
*Poorly* \_\_\_2  
*Very poorly* \_\_\_1

*There are some things we share with family and friends; some things we can count on them for.  
These questions ask about your family and friends, as you see them now.*

SS-1. When something nice happens to you, do you want to share the experience with your family?

*Always*    \_\_4  
*Often*     \_\_3  
*Sometimes* \_\_2  
*Never*     \_\_1

SS-2. When something nice happens to you, do you want to share the experience with your friends?

*Always*    \_\_4  
*Often*     \_\_3  
*Sometimes* \_\_2  
*Never*     \_\_1

SS-3. How much would your family be of help and support if you were sick, or moving, or having any other kind of problem?

*A great deal* \_\_4  
*A lot*        \_\_3  
*A little*     \_\_2  
*None*        \_\_1

SS-4. How much would your friends be of help and support to you if you were sick, or moving, or having any other kind of problem?

*A great deal* \_\_4  
*A lot*        \_\_3  
*A little*     \_\_2  
*None*        \_\_1

SS-5. How much would anyone in the community, other than family and friends, be of help and support to you if you were sick, or moving, or having any other kind of problem?

- A great deal*    \_\_4
- A lot*            \_\_3
- A little*         \_\_2
- None*             \_\_1

WH-1. In the last week, how well have you kept up with your share of the housework (cleaning, laundry, errands)?

*Completely done*   \_\_4  
*Quite well*        \_\_3  
*Fairly well*        \_\_2  
*Not at all*         \_\_1

WH-2. How much of the household money management (paying the bills, budgeting) do you do?

*All*                 \_\_4  
*Most*              \_\_3  
*A little*          \_\_2  
*None*              \_\_1

WH-3. How much of the shopping for the household do you do (groceries, furnishings, supplies)?

*All*                 \_\_4  
*Most*              \_\_3  
*A little*          \_\_2  
*None*              \_\_1

WH-4. In the last month, how much time did you spend fixing or changing things connected with your car or home (repairs, redecorating, remodeling, yard work)?

*Several days*     \_\_4  
*A day or so*      \_\_3  
*An hour or so*    \_\_2  
*None*             \_\_1

WH-5. About how many hours per day do you usually spend preparing meals?

- More than 3*      4
- 1 to 3 hours*      3
- An hour or less*      2
- None*      1

*These questions concern looking for a job. Even if you are not looking for a job, the questions ask about how you would feel.*

EM-1. How good an impression do you feel you would make in a job interview?

*Very good*    \_\_4  
*Good*        \_\_3  
*Poor*         \_\_2  
*Very poor*   \_\_1

EM-2. How serious are any emotional problems you may have which would make it hard for you to find work?

*Very serious*    \_\_4  
*Pretty serious* \_\_3  
*Slightly serious* \_\_2  
*Not at all serious* \_\_1  
NA                \_\_0

EM-3. How comfortable do you feel going out to look for a job?

*Completely*    \_\_4  
*Quite*         \_\_3  
*Fairly*         \_\_2  
*Not at all*     \_\_1

EM-4. How hard is it for you to stick to a job when it becomes unpleasant or boring or stressful?

*Can't do it at all* \_\_4  
*Very hard*      \_\_3  
*A little hard*    \_\_2  
*Not at all hard* \_\_1

EM-5. If you had a chance to get more job training, how willing would you be to get it?

- Not interested*    \_\_4
- Slightly willing*    \_\_3
- Fairly willing*    \_\_2
- Very willing*    \_\_1

EM-6. How comfortable do you feel working with co-workers?

- Not at all comfortable*    \_\_4
- Fairly*    \_\_3
- Quite*    \_\_2
- Completely*    \_\_1

EM-7. The next two questions are a bit different. I'm going to ask you to list some things. Please name some of your hobbies and special interests.

- More than 3*    \_\_4
- 2 or 3*    \_\_3
- One*    \_\_2
- None*    \_\_1

EM-8. Please name some of the ways you know for finding a job.

- More than 3*    \_\_4
- 2 or 3*    \_\_3
- One*    \_\_2
- None*    \_\_1

Are you employed?

*Full-time (35+hours)*    \_\_4  
*Part-time (17-34 hours)*    \_\_3  
*Irregularly (≤16 hours)*    \_\_2  
*Not employed*    \_\_1

*(If employed)*

WJ-1. In the last month, how much time did you miss from work?

*Several days*    \_\_4  
*A day or two*    \_\_3  
*A little*    \_\_2  
*None*    \_\_1

WJ-2. In the last month, how much difficulty did you have in doing your work?

*A great deal*    \_\_4  
*Quite a bit*    \_\_3  
*An hour or so*    \_\_2  
*None*    \_\_1

WJ-3. How did you feel about the quality of work you did recently?

*Very good*    \_\_4  
*Good*    \_\_3  
*Bad*    \_\_2  
*Very bad*    \_\_1

WJ-4. How much conflict have you had with people while you were working recently?

*A great deal*    \_\_4  
*Quite a bit*    \_\_3  
*A little*    \_\_2  
*None*    \_\_1

WJ-5. How interesting is your work?

*Very interesting*    \_\_4  
*Moderately interesting*    \_\_3  
*Slightly interesting*    \_\_2  
*It's boring*    \_\_1

WJ-6. In general, how much do you like your job?

*Really like it*    \_\_4  
*Like it*    \_\_3  
*Don't like it*    \_\_2  
*Hate it*    \_\_1

WJ-7. In the last month, how many times did people complain about your work?

*More than 3 times*    \_\_4  
*2 or 3 times*    \_\_3  
*Once*    \_\_2  
*Not at all*    \_\_1

WJ-8. In the past month, how many times did people say good things about your work?

*More than 3 times*    \_\_4  
*2 or 3 times*    \_\_3  
*Once*    \_\_2  
*Not at all*    \_\_1

*These questions ask about some of the ways you spend your time when you are not working at home, on the job, or in school.*

MT-1. In the last week, how much time did you spend actively participating in recreation or sports?

*20+ hours*      4  
*8-20 hours*      3  
*1-7 hours*      2  
*None*      1

MT-2. In the last week, how much time did you spend on your hobbies, creative pursuits, or games?

*20+ hours*      4  
*8-20 hours*      3  
*1-7 hours*      2  
*None*      1

MT-3. Of the TV watching you did last week, how much time did you spend on really interesting programs?

*20+ hours*      4  
*8-20 hours*      3  
*1-7 hours*      2  
*None*      1  
*N/A*      0

MT-4. In the last week, how much time did you spend window shopping?

*20+ hours*      4  
*8-20 hours*      3  
*1-7 hours*      2  
*None*      1

MT-5. In the last week, how much time did you spend on volunteer work?

- 20+ hours*      4
- 8-20 hours*      3
- 1-7 hours*      2
- None*      1

MT-6. Not counting any time for which you were paid, how much time did you spend last week which you felt was boring and useless?

- 20+ hours*      4
- 8-20 hours*      3
- 1-7 hours*      2
- None*      1

In the last month, have you had any alcohol to drink like beer, wine or anything else?

Yes \_\_\_2  
No \_\_\_1

(If "yes")

*People sometimes have problems with using alcohol. The following questions ask about problems you may have had with alcohol in the last month.*

NA-1. Have you had problems controlling your drinking?

Very severe \_\_\_4  
A lot \_\_\_3  
A few \_\_\_2  
None \_\_\_1

NA-2. Problems controlling your behavior because of drinking?

Very severe \_\_\_4  
A lot \_\_\_3  
A few \_\_\_2  
None \_\_\_1

NA-3. Problems with feelings like guilt, anger or depression because of drinking?

Very severe \_\_\_4  
A lot \_\_\_3  
A few \_\_\_2  
None \_\_\_1

NA-4. Problems with your health because of drinking?

*Very severe*   \_\_4  
*A lot*        \_\_3  
*A few*        \_\_2  
*None*         \_\_1

NA-5. Problems with your parents because of your drinking?

*Very severe*   \_\_4  
*A lot*        \_\_3  
*A few*        \_\_2  
*None*         \_\_1  
*(No contact with parents) N/A*   \_\_0

NA-6. Problems with your friends because of your drinking?

*Very severe*   \_\_4  
*A lot*        \_\_3  
*A few*        \_\_2  
*None*         \_\_1  
*N/A*         \_\_0

NA-7. Problems with your spouse because of your drinking?

*Very severe*   \_\_4  
*A lot*        \_\_3  
*A few*        \_\_2  
*None*         \_\_1  
*N/A*         \_\_0

NA-8. Problems with your children because of your drinking?

*Very severe*   \_\_4  
*A lot*        \_\_3  
*A few*        \_\_2  
*None*         \_\_1  
*N/A*         \_\_0

Quality of Life Questionnaire -- Respondent Self-Report Version  
NA-9. Problems with your job or school because of drinking?

Interview Page 30

*Very severe*   \_\_4  
*A lot*        \_\_3  
*A few*        \_\_2  
*None*         \_\_1  
*N/A*         \_\_0

NA-10. Problems with any other activities because of drinking?

*Very severe*   \_\_4  
*A lot*         \_\_3  
*A few*         \_\_2  
*None*         \_\_1

In the last month, have you used drugs or medications of any kind, including prescription, over-the-counter, or street drugs?

Yes \_\_2  
No \_\_1

*(IF "yes")*

*People sometimes have problems with the use of drugs or medications. The following questions ask about problems you may have had with drugs in the last month.*

ND-1. Have you had problems controlling your use of drugs?

*Very severe* \_\_4  
*A lot* \_\_3  
*A few* \_\_2  
*None* \_\_1

ND-2. Problems controlling your behavior because of drug use?

*Very severe* \_\_4  
*A lot* \_\_3  
*A few* \_\_2  
*None* \_\_1

ND-3. Problems with feelings like guilt, anger or depression because of drugs?

*Very severe* \_\_4  
*A lot* \_\_3  
*A few* \_\_2  
*None* \_\_1

ND-4. Problems with your health because of drug use?

*Very severe* \_\_4  
*A lot* \_\_3  
*A few* \_\_2  
*None* \_\_1

ND-5. Problems with your parents because of your drug use?

*Very severe* \_\_4  
*A lot* \_\_3  
*A few* \_\_2  
*None* \_\_1  
*(No contact with parents) N/A* \_\_0

ND-6. Problems with your friends because of your drug use?

*Very severe* \_\_4  
*A lot* \_\_3  
*A few* \_\_2  
*None* \_\_1  
*N/A* \_\_0

ND-7. Problems with your spouse because of your drug use?

*Very severe* \_\_4  
*A lot* \_\_3  
*A few* \_\_2  
*None* \_\_1  
*N/A* \_\_0

ND-8. Problems with your children because of your drug use?

*Very severe* \_\_4  
*A lot* \_\_3  
*A few* \_\_2  
*None* \_\_1  
*N/A* \_\_0

Quality of Life Questionnaire -- Respondent Self-Report Version  
ND-9. Problems with your job or school because of drug use?

Interview Page 33

*Very severe*   \_\_4  
*A lot*           \_\_3  
*A few*          \_\_2  
*None*           \_\_1  
*N/A*            \_\_0

ND-10. Problems with any other activities because of drug use?

*Very severe*   \_\_4  
*A lot*           \_\_3  
*A few*          \_\_2  
*None*           \_\_1