

# QUALITY OF LIFE ENJOYMENT AND SATISFACTION QUESTIONNAIRE SHORT FORM (Q-LES-Q-SF)

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

This questionnaire is designed to help assess the degree of enjoyment and satisfaction experienced during the past week.

GENERAL ACTIVITIES	OVERALL LEVEL OF SATISFACTION				
Taking everything into consideration, during the past week how satisfied have you been with your ...	Very Poor	Poor	Fair	Good	Very Good
... physical health?	1	2	3	4	5
... mood?	1	2	3	4	5
... work?	1	2	3	4	5
... household activities?	1	2	3	4	5
... social relationships?	1	2	3	4	5
... family relationships?	1	2	3	4	5
... leisure time activities?	1	2	3	4	5
... ability to function in daily life?	1	2	3	4	5
... sexual drive, interest and/or performance?*	1	2	3	4	5
... economic status?	1	2	3	4	5
... living/household situation?*	1	2	3	4	5
.. ability to get around physically without feeling dizzy or unsteady or falling	1	2	3	4	5
... your vision in terms of ability to do work or hobbies?*	1	2	3	4	5
... overall sense of wellbeing?	1	2	3	4	5
... medication? (if not taking any, check here _____ and leave item blank)	1	2	3	4	5
How would you rate your overall life satisfaction and contentment during the past week?	1	2	3	4	5

\* If satisfaction is very poor, poor or fair on these items, please UNDERLINE the factor(s) associated with a lack of satisfaction.