

## COMQOL 5: Comprehensive Quality of Life Inventory.

This scale has three sections. The first section will ask for some factual information and the other two will ask how you feel about various aspects of your life.

### SECTION 1:

This section asks for information about various aspects of your life.

Please place a mark in the box that most accurately describes your situation.

1

a) Where do you live?

*Do you own the place where you live or do you rent?*

A house

A flat or apartment

A room (e.g. in a hostel)

Own

Rent

b) How many personal possessions do you have compared with other people?

More than almost anyone

More than most people

About average

Less than most people

Less than almost anyone

c) What is your personal or household (whichever is most relevant to you) gross annual income before tax?

Less than \$10,999

\$41,000 - \$55,999

\$11,000 - \$25,999

More than \$56,000

\$26,000 - \$40,999

2

a) How many times have you been to the doctor over the past 3 months?

None

1 - 2

3 - 4  
(about once a month)

5 - 7  
(about every two weeks)

8 or more  
(about once a week or more)

b) Do you have any disabilities or medical conditions? (e.g. visual, hearing, physical, health, etc.).

Yes

No

If "yes" please specify (over the page):

Name of disability  
or medical condition  
e.g. Visual  
Diabetes

Extent of disability  
or medical condition  
e.g. Require glasses for reading  
Require daily injections


**c) What regular medication do you take each day?**

If none tick box

**OR**

Name(s) of medication:


**3**  
**a) How many hours paid work, formal education, or unpaid child care do you do each week? (Average over past 3 months).**

	0	1 - 10	11 - 20	21 - 30	31 - 40+
Hours paid work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours formal education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hours unpaid child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b) In your spare time, how often do you have nothing much to do?**

Almost always	Usually	Sometimes	Not Usually	Almost Never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c) On average, how many hours of TV do you watch each day?**

None	1 - 2	3 - 5	6 - 9	10 or more
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. a) How often do you talk with a close friend?**

Daily	Several times a week	Once a week	Once a month	Less than once a month
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b) If you are feeling sad or depressed, how often does someone show they care for you?**

Almost always	Usually	Sometimes	Not usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c) If you want to do something, how often does someone else want to do it with you?**

Almost always	Usually	Sometimes	Not usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. a) How often do you sleep well?**

Almost always	Usually	Sometimes	Not usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**b) Are you safe at home?**

Almost always	Usually	Sometimes	Not usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c) How often do you feel worried or anxious during the day?**

Almost always	Usually	Sometimes	Not usually	Almost never
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6**

**a) Below is a list of activities. Indicate how often in an average month you do each one.**

<u>Activity</u>	<u>Number of times per month</u>
1. Go to a club/group/society	_____
2. Hotel/Bar	_____
3. Watch live sporting events (not on TV)	_____
4. Church	_____
5. Chatting with neighbours	_____
6. Restaurant	_____
7. Movies	_____
8. Other (please describe).	_____
	_____
	_____
	_____

**b) Do you hold an unpaid position of responsibility in relation to any club, group, or society?**

Yes       No       If no, go to question c)

If 'yes', please indicate the highest level of responsibility held (over the page):

<input type="checkbox"/>	Committee Member
<input type="checkbox"/>	Committee Chairperson/Convenor
<input type="checkbox"/>	Secretary/Treasurer
<input type="checkbox"/>	Group President, Chairperson or Convenor

c) How often do people outside your home ask for your help or advice?

Almost every day

Quite often

Sometimes

Not often

Almost never

7.

a) How often can you do the things you really want to do?

Almost always

Usually

Sometimes

Not usually

Almost never

b) When you wake up in the morning, how often do you wish you could stay in bed all day?

Almost always

Usually

Sometimes

Not usually

Almost never

c) How often do you have wishes that cannot come true?

Almost always

Usually

Sometimes

Not usually

Almost never

**SECTION 2:**

**How IMPORTANT are each of the following life areas to you?**

**Please answer by placing a mark in the appropriate box for each question.**

**There are no right or wrong answers. Please choose the box that best describes how *important* each area is to you. Do not spend too much time on any one question.**

**1. How *important to you* are THE THINGS YOU OWN**

Could not be  
more important

Very important

Somewhat  
important

Slightly important

Not important  
at all

**2. How *important to you* is YOUR HEALTH?**

Could not be  
more important

Very important

Somewhat  
important

Slightly important

Not important  
at all

**3. How *important to you* is WHAT YOU ACHIEVE IN LIFE?**

Could not be  
more important

Very important

Somewhat  
important

Slightly important

Not important  
at all

**4. How *important to you* are CLOSE RELATIONSHIPS WITH YOUR FAMILY OR FRIENDS?**

Could not be  
more important

Very important

Somewhat  
important

Slightly important

Not important  
at all

**5. How *important to you* is HOW SAFE YOU FEEL?**

Could not be  
more important

Very important

Somewhat  
important

Slightly important

Not important  
at all

**6. How *important to you* is DOING THINGS WITH PEOPLE OUTSIDE YOUR HOME?**

Could not be  
more important

Very important

Somewhat  
important

Slightly important

Not important  
at all

**7. How *important to you* is YOUR OWN HAPPINESS?**

Could not be  
more important

Very important

Somewhat  
important

Slightly important

Not important  
at all

**SECTION 3:**

**How SATISFIED are you with each of the following life areas?**

**Please answer by placing a mark in the appropriate box for each question.**

**There are no right or wrong answers. Please choose the box that best describes how satisfied you are with each area.**

**1. How *satisfied* are you with the THINGS YOU OWN?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2. How *satisfied* are you with YOUR HEALTH?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3. How *satisfied* are you with what you ACHIEVE IN LIFE?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4. How *satisfied* are you with your CLOSE RELATIONSHIPS WITH FAMILY OR FRIENDS?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5. How *satisfied* are you with HOW SAFE YOU FEEL?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**6. How *satisfied* are you with DOING THINGS WITH PEOPLE OUTSIDE YOUR HOME?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. How *satisfied* are you with your OWN HAPPINESS?**

Delighted	Pleased	Mostly satisfied	Mixed	Mostly dissatisfied	Unhappy	Terrible
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for your assistance.**

## COMQOL-5 Calculation of results

Question	Answer	Score
1a Accommodation	house + own	5
	flat/apartment + own	4
	house + rent	3
	flat/apartment + rent	2
	room + either	1
1b Possessions	More than almost anyone	5
	More than most people	4
	About average	3
	Less than most people	2
	Less than almost anyone	1
1c Estimated Income	More than \$56,000	5
	\$41,000 - \$55,999	4
	\$26,000 - \$40,999	3
	\$11,000 - 25,999	2
	Below \$10,999	1
2a Doctor	None	5
	1 - 2	4
	3 - 4	3
	5 - 7	2
	8 or more visits	1
2b Disability or medical condition	No disability	5
	Minor disability (e.g. eyeglasses) not likely to interfere with normal life activities or routines.	4
	Constant, chronic condition that interferes to some extent with daily life (e.g. diabetes, heart condition)	3
	Disability likely to restrict social activities (e.g. profound deafness, blindness, significant physical disability)	2
	Major disability likely to require daily assistance with personal care (e.g. Psychiatric condition, severe cognitive or physical impairment)	1
<p>It is sometimes difficult to choose between categories, eg. Multiple sclerosis or Alzheimers in the early stages would probably score 3, but in the latter stages score 2. Put them into these categories unless there is some information that tells otherwise.</p> <p>Eg. Assume that a person who has Alzheimers, but is able to answer the questionnaire scores 3, because once social activities become markedly restricted they would probably not be capable of completing the questionnaire. If a person has mild deafness, score 3, but if they are completely, deaf score 2.</p>		
2c Medication	No regular medication	5
	Single non-psychotropic medication	4
	Multiple non-psychotropic medication	3
	Psychotropic medication	2
	Psychotropic + non-psychotropic medication	1
<p>Psychotropic medication includes drugs for the control of epilepsy, psychoses, and other abnormal mental states. They include tranquillisers, sedatives, barbituates, and a host of others</p>		
3a Hours	31-40+ work, education or child care	5



Question	Answer	Score
	21-30 combined work/education/child care 11-20 combined work/education/child care 1-10 combined work/education/child care Neither work nor education nor child care	4 3 2 1
3b Spare time	Almost always Usually Sometimes Not usually Almost never	1 2 3 4 5
3c Hours TV each day.	None 1 - 2 hours 3 - 5 hours 6 - 9 hours 10+ hours	5 4 3 2 1
4a Talk friend	Daily Several Once a week Once a month Less than once a month	5 4 3 2 1
4b Care	Almost always Usually Sometimes Not usually Almost Never	5 4 3 2 1
4c Activity	Almost always Usually Sometimes Not usually Almost Never	5 4 3 2 1
5a Sleep	Almost always Usually Sometimes Not usually Almost Never	5 4 3 2 1
5b Home	Almost always Usually Sometimes Not usually Almost Never	5 4 3 2 1
5c Anxiety	Almost always Usually Sometimes Not usually Almost Never	1 2 3 4 5
6a Activity	1 For each separate activity calculate (.25 x frequency) up to a maximum frequency of 4/month. I.e each activity is scored to a maximum of 1.0 2 Aggregate the total scores across all activities up to a maximum of 5 activities. Round all fractions to the nearest integer. The maximum possible score is 5.  Additional comments (6) eat out "take aways" - exclude (7) movies "watched videos" - exclude (8) other people sometimes write something that should come under one of the previous categories, [eg. Tennis club or yacht club should come under (i)] put them under	

Question	Answer	Score
	<p>the category that seems most appropriate.</p> <p>If rather than writing how many times in the last month, people write:</p> <p>occasionally      record    1  numerous                      4  sometimes                      1  seldom                          leave blank  weekends                        4</p>	
6b Responsibility	Chairperson/President/Convenor Treasurer/Secretary or other title denoting specific major area of responsibility Sub-committee chairperson or other indicator of minor area of responsibility or active involvement Committee member None	5 4 3 2 1
6c Advice	Almost every day Quite often Sometimes Not often Almost never	5 4 3 2 1
7a Activities	Almost always Usually Sometimes Not usually Almost Never	5 4 3 2 1
7b Bed	Almost always Usually Sometimes Not usually Almost Never	1 2 3 4 5
7c Wishes	Almost always Usually Sometimes Not usually Almost Never	1 2 3 4 5
Importance Questions	Could not be more important Very important Somewhat important Slightly important Not important at all	5 4 3 2 1
Satisfaction Questions (These are multiplied with importance questions to determine the subjective quality of life score)	Delighted Pleased Mostly satisfied Mixed Mostly dissatisfied Unhappy Terrible	4 3 2 1 -2 -3 -4