

Quality of Life Interview-Very Brief

Collected for input into Access Database

Consumer's Name _____ CR# _____ Date _____

Administered at (Select One)

- Intake
 6-Month Update
 Discharge
 Follow up (Post Discharge)

Select one answer, unless instructed to select more than one.

	<u>Terrible</u>	<u>Unhappy</u>	<u>Mostly Dissatisfied</u>	<u>Mixed</u>	<u>Mostly Satisfied</u>	<u>Pleased</u>	<u>Delighted</u>	<u>Prefer not to answer</u>
1. How do you feel about your life in general?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Excellent</u>	<u>Very good</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>	<u>Don't know</u>	<u>Prefer not to answer</u>
2. In general, would you say your physical health is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. In general, would you say your mental health is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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4. Overall, how would you rate your functioning in home, social, school and work settings at the present time? Would you say your functioning in these areas is:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Prefer not to answer</u>
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5. In the past six months, have you been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. In the past six months, have you spent at least one night in jail?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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7. In the past six months, were you a victim of any violent crimes, such as assault, rape, mugging or robbery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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8. In the past six months, were you a victim of any nonviolent crimes, such as burglary, theft of your money or property, or being cheated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. In the past six months, did you generally have enough money each month to cover:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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a. Food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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b. Clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c. Housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d. Traveling around the island for things like shopping, medical appointments, or visiting friends or relatives?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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e. Social activities like movies or eating in restaurants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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10. Annual income before taxes from all sources except food stamps:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> \$0-\$5,000	<input type="checkbox"/> \$5,001-\$10,000	<input type="checkbox"/> \$10,001-\$15,000	<input type="checkbox"/> Greater than \$15,000	<input type="checkbox"/> Prefer not to answer

11. Do you currently receive any of the following? (Select all that apply):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> SSI	<input type="checkbox"/> SSDI	<input type="checkbox"/> General Assistance/Welfare	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> None	

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	<u>At Least once a day</u>	<u>At Least once a week</u>	<u>At least once a month</u>	<u>Less than once a month</u>	<u>Not at all</u>	<u>Don't know</u>	<u>Prefer not to answer</u>	<u>No family</u>
12. In the past six months, how often did you talk to a member of your family .on the .. telephone or through email?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. In the past six months, how often did you get together with a member of your family?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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14. In the past six months, how often did you do then following?								
a. Visit with someone who does not live with you:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Spend time with someone you consider more than a friend, like a spouse, boyfriend or girlfriend:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Have you had any psychiatric hospitalization anywhere in the last 6 months?

Yes No Prefer not to answer,

16. Are you currently taking atypical psychotropic medications, such as Ability, Clozaril, Zyprexa, Seroquel, Risperdal, or Geodon?

Yes No Prefer not to answer

17. How much are you bothered by medication side effects (for example, shaking and trembling; not being able to think clearly, gaining or losing weight, or sexual problems)?

Not bothered at all Bothered a little Bothered moderately Bothered a lot Prefer not to answer

18. What is your current living arrangement?

<input type="checkbox"/> Independent (Living on your own or with family/others or semi-independent)	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> HUD Rental Subsidy (Section 8, Shelter Plus Care)	<input type="checkbox"/> Hospital
<input type="checkbox"/> Supported Housing/Bridge Subsidy Program	<input type="checkbox"/> Licensed Crisis Residential Services
<input type="checkbox"/> 8-16 hour group home	<input type="checkbox"/> Hospice
<input type="checkbox"/> 24-hour group home	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Licensed Specialized Residential Services	<input type="checkbox"/> Homeless Unsheltered
<input type="checkbox"/> Care home	<input type="checkbox"/> Jail

18a. If you selected Independent, Supported Housing, or HUD in Question 18, do you live alone?

Not alone Alone Alone with pet Prefer not to answer

19. Do you feel safe in your current living arrangement?

Yes No Prefer not to answer

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20. Have you been homeless at any time In the last 6 months?

- Yes No Prefer not to answer'

21. Are you receiving any rental subsidies? (Select all that apply)

- HUD Section 8 Rental Subsidy Program
 HUD Shelter + Care Rental Subsidy Program
 Steadfast Supported Housing Bridge Subsidy Program
 No
 Prefer not to answer

22. What is your current type of employment:

- Employed --No Support
 Supported Employment
 Supported Employmen/Micro-Enterprise
 Consumer Operated Business
 Transitional Employment
 Sheltered Workshop
 Not in the labor force (e.g., retired, disabled, homemaker, student, volunteer)
 Not employed, but seeking employment
 Not employed, not seeking employment
 Prefer not to answer

22a.If not employed (Select all that apply):

- I don't want to risk losing my benefits
 I worry that my symptoms will interfere with my work
 I'm not sure how to go about finding a job
 I lack the skills necessary to do the kind of work I want
 Other
 Prefer not to answer

22b.If employed, for how long In the same job?

- Less than 6 months 6 months to 1 year Greater than 1 year Prefer not to answer

22c.If employed, hours worked per week? ____# of hours

23. Are you in school?

- No No, but interested in attending school Yes, Full time Yes, Part time Prefer not to answer

Completed by Date, _____ Date _____

Input to Access _____ Date _____