



B.P.R. Therapy, Mediation & Coaching Services

Quality of Life Questionnaire

Instructions: Please circle your level of satisfaction in the following 26 areas of your life from very satisfied to very dissatisfied. Circle n/a for not applicable when necessary.

How satisfied are you with....	Not Applicable	Very Satisfied	Satisfied	Neutral	Dissatisfied	Very Dissatisfied
1. your life in general?		5	4	3	2	1
2. your emotional health?		5	4	3	2	1
3. your physical health?		5	4	3	2	1
4. your psychological/mental health?		5	4	3	2	1
5. your residence/home?		5	4	3	2	1
6. your neighborhood?		5	4	3	2	1
7. your neighbors?		5	4	3	2	1
8. The person or persons with whom you live?	n/a	5	4	3	2	1
9. your friends?		5	4	3	2	1
10. your relationship with your immediate family?		5	4	3	2	1
11. your relationship with your significant other?	n/a	5	4	3	2	1
12. (For adult) your relationship with your dependent, child or children? (for child) your guardian or parent?	n/a	5	4	3	2	1
13. how well you get along with others in general?		5	4	3	2	1
14. your job, work or school?		5	4	3	2	1
15. your hobbies?		5	4	3	2	1
16. your social life?		5	4	3	2	1
17. your current use of marijuana?	n/a	5	4	3	2	1
18. your current use of alcohol?	n/a	5	4	3	2	1
19. your finances?		5	4	3	2	1
20. your religious or spiritual life?	n/a	5	4	3	2	1
21. your sexual health?	n/a	5	4	3	2	1
22. your culture?		5	4	3	2	1
23. your extended family?		5	4	3	2	1
24. health care?		5	4	3	2	1
25. your drug use (not including alcohol or marijuana)?	n/a	5	4	3	2	1

