

QUALITY OF LIFE INTERVIEW-VERY BRIEF

Consumer's Name _____ CRN# _____ 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"/>	
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"/>	
			<u>Yes</u>	<u>No</u>	<u>Don't know</u>	<u>Prefer not to answer</u>		
5. In the past six months, have you been arrested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5a. If yes, how many times were you arrested in the past 30 days?	_____							
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>	
a. Food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Clothing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Social activities like movies or eating in restaurants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Do you currently receive any of the following? (Select all that apply):								
	<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>
11. 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"/>
12. 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"/>
13. In the past six months, how often did you do the 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"/>
14. Have you had any psychiatric hospitalization anywhere in the last 6 months?								
<input type="checkbox"/> Yes	<input type="checkbox"/> No							
<input type="checkbox"/> Prefer not to answer								
15. Are you currently taking atypical psychotropic medications, such as Abilify, Clozaril, Zyprexa, Seroquel, Risperdal, or Geodon?								
<input type="checkbox"/> Yes	<input type="checkbox"/> No							
<input type="checkbox"/> Prefer not to answer								
16. 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)?								
<input type="checkbox"/> Not bothered at all	<input type="checkbox"/> Bothered a little	<input type="checkbox"/> Bothered moderately	<input type="checkbox"/> Bothered a lot	<input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Does not apply			
17. Do you now smoke cigarettes every day, some days, or not at all?								
<input type="checkbox"/> Everyday	<input type="checkbox"/> Some days	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer					
18. During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?								
<input type="checkbox"/> Yes	<input type="checkbox"/> Not at all	<input type="checkbox"/> Prefer not to answer						
19. What is your current living arrangement?								
<input type="checkbox"/> Independent (Living on your own or with family/others or semi-independent)	<input type="checkbox"/> HUD Rental Subsidy (Section 8, Shelter Plus Care)			<input type="checkbox"/> Supported Housing/Bridge Subsidy Program			<input type="checkbox"/> 8-16 hour group home	
<input type="checkbox"/> 24-hour group home	<input type="checkbox"/> Licensed Specialized Residential Services			<input type="checkbox"/> Care home			<input type="checkbox"/> Nursing Home	
<input type="checkbox"/> Hospital	<input type="checkbox"/> Licensed Crisis Residential Services			<input type="checkbox"/> Hospice			<input type="checkbox"/> Homeless Shelter	
<input type="checkbox"/> Homeless Shelter	<input type="checkbox"/> Homeless Unsheltered			<input type="checkbox"/> Jail				
19a. If you selected Independent, Supported Housing, or HUD in Question 19, do you live alone?								
<input type="checkbox"/> Not alone	<input type="checkbox"/> Alone	<input type="checkbox"/> Alone with pet	<input type="checkbox"/> Prefer not to answer					

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

- Yes No Prefer not to answer

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
 Supported Employment
 Consumer Operated Business
 Unemployed
 Not in Labor Force -- Homemaker
 Not in Labor Force -- Student
 Not in Labor Force -- Retired
 Not in Labor Force -- Disabled
 Not in Labor Force – Other (e.g., volunteer)
 Not in Labor Force – Sheltered/Non-Competitive Employment
 Prefer not to answer

22a. If employed, are you ...

- Full Time?
 Part Time?

22b. 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

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 _____