WISCONSIN QUALITY OF LIFE CLIENT QUESTIONNAIRE

Wisconsin Quality of Life Associates
University of Wisconsin - Madison

Your Name: _____ ID #: _____

Date of Completion: ___/___/___ Location: _____

Directions: We are interested in your views and feelings. The questions in this booklet ask for your opinions about the quality of your life. When you answer each question please indicate the response which most closely reflects your opinion.

You are the person who knows best how you feel about these questions. If you would like someone to help you in filling out this questionnaire, and a friend or family member is not available, please contact a staff member to assist you.

Note: If this form was filled out by someone other than you, please…

Indicate who helped: _____

Relationship to you: _____

BACKGROUND INFORMATION

What is your date of birth? _____/_____/_____

You are? ❑ Male ❑ Female

What is your highest school grade completed: _____

What is your current relationship/marital status?

- ❑ Single/Never married
- ❑ Committed relationship
- ❑ Married
- ❑ Separated
- ❑ Divorced
- ❑ Spouse deceased

How many times have you been married? _____

What is the source of your income? (Check all that apply)

- ❑ Paid employment
- ❑ Unemployment compensation
- ❑ Social Security Disability Income (SSDI) or Supplemental Security Income (SSI)
- ❑ Retirement, investment or savings
- ❑ Alimony or child support
- ❑ Veterans disability or pension benefits
- ❑ Money shared by your spouse/partner
- ❑ General assistance
- ❑ Money from your family
- ❑ AFDC
- ❑ Other source: _____

What is your racial/ethnic background? (Check all that apply)

- ❑ American Indian/Native American
- ❑ Hispanic/Latino
- ❑ Asian
- ❑ White
- ❑ African American
- ❑ Other , please specify: _____

During the past four weeks, you lived: (Check all that apply)

- ❑ alone
- ❑ with parents
- ❑ with roommate/friend
- ❑ with significant other/spouse
- ❑ with children
- ❑ with other, please specify: _____

Who would you like to live with? (Check all that apply)

- ❑ alone
- ❑ with parents
- ❑ friend/roommate
- ❑ with significant other/spouse
- ❑ with children
- ❑ with other, please specify: _____

During the past four weeks, you lived primarily: (Check one)

- ❑ in an apartment/home
- ❑ at school/college
- ❑ in a boarding home
- ❑ in an institution (i.e. hospital or nursing home)
- ❑ in an group home or halfway house
- ❑ in jail/prison
- ❑ homeless
- ❑ other, please specify: _____

Where would you like to live? (Choose one)

- ❑ in an apartment/home
- ❑ at school/college
- ❑ in a boarding home
- ❑ in an institution (i.e. hospital or nursing home)
- ❑ in an group home or halfway house
- ❑ in jail/prison
- ❑ homeless
- ❑ other, please specify: _____

SATISFACTION LEVEL

	Very dissatisfied	Moderately dissatisfied	A little dissatisfied	Neither satisfied or dissatisfied	A little satisfied	Moderately satisfied	Very satisfied
How satisfied or dissatisfied are you with the way you spend your time?	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you when you are alone?	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you with your housing?	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you with your neighborhood as a place to live in?	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you with the food you eat?	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you with the clothing you wear?	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you with the mental health services you use?	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you with your access to transportation?	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you with your sex life?	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you with your personal safety?	❑	❑	❑	❑	❑	❑	❑

We have asked how satisfied you are with different parts of your life. Now we would like to know how important each of these aspects of your life are.

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
How important to you is the way you spend your time?	❑	❑	❑	❑	❑
How important is it to feel comfortable when alone?	❑	❑	❑	❑	❑
How important is your housing?	❑	❑	❑	❑	❑
How important is your neighborhood as a place to live in?	❑	❑	❑	❑	❑
How important to you is the food you eat?	❑	❑	❑	❑	❑
How important to you is the clothing you wear?	❑	❑	❑	❑	❑
How important to you are the mental health services you use?	❑	❑	❑	❑	❑
How important to you is your access to transportation?	❑	❑	❑	❑	❑
How important to you is your sex life?	❑	❑	❑	❑	❑
How important to you is your personal safety?	❑	❑	❑	❑	❑

ACTIVITIES AND OCCUPATIONS

During the **past four weeks**, you have: (Check one)

- ❑ been working/studying or doing housework in your usual manner
- ❑ been working/studying or doing housework but less often
- ❑ stopped working/studying or doing housework

About how many hours a week do you work or go to school? Hours per week = _____

What is your main activity? (Check one).

- ❑ Paid employment
- ❑ Volunteer or unpaid work
- ❑ School
- ❑ Treatment/rehabilitation program
- ❑ Craft/leisure time/hobbies
- ❑ No structured activity
- ❑ Other, please specify: _____

How satisfied or dissatisfied are you with the main activitity that you do? (Check one)

❑ Very dissatisfied ❑ Moderately dissatisfied ❑ A Little dissatisfied ❑ Neither satisfied nor dissatisfied ❑ A little satisfied ❑ Moderately satisfied ❑ Very satisfied

Do you feel that you are engaged in activities: (Choose one)

❑ Less than you would like ❑ More than you would like ❑ As much as you want

What would you like to have as your main activity?

- ❑ Paid employment
- ❑ Volunteer or unpaid work
- ❑ School
- ❑ Treatment/rehabilitation program
- ❑ Craft/leisure time/hobbies
- ❑ No structured activity
- ❑ Other, please specify: _____

PSYCHOLOGICAL WELL-BEING

Now we would like to know how you feel about things in your life. For each of the following questions, check the boxes that best describe how you have felt in the **past four weeks**.

YES	NO	
❑	❑	Pleased about having accomplished something?
❑	❑	Very lonely or remote from other people?
❑	❑	Bored?
❑	❑	That things went your way?
❑	❑	So restless that you couldn't sit long in a chair?
❑	❑	Proud because someone complimented you on something you had done?
❑	❑	Upset because someone criticized you?
❑	❑	Particularly excited or interested in something?
❑	❑	Depressed or very unhappy?
❑	❑	On top of the world?

In the **past four weeks**, would you say that your mental health has been:

❑ Poor ❑ Fair ❑ Good ❑ Very good ❑ Excellent

SYMPTOMS/OUTLOOK

During the **past four weeks**, you have: (Check one)

- ❑ generally felt calm and positive in outlook
- ❑ been having some periods of anxiety or depression
- ❑ generally been confused, frightened, anxious or depressed

There are many aspects of emotional distress including feelings of depression, anxiety, hearing voices, etc. In the **past four weeks**, how much distress have these symptoms caused you?: (Check one)

❑ Not at all ❑ A little ❑ Some ❑ A moderate amount ❑ A lot

In the **past four weeks:**	Never	Occa-sionally	Frequently	Most of the time	Constantly
How much has feelings of depression, anxiety, etc. interfered with your daily life?	❑	❑	❑	❑	❑
Have you felt like killing yourself?	❑	❑	❑	❑	❑
Have you felt like harming others?	❑	❑	❑	❑	❑

PHYSICAL HEALTH

In the **past four weeks**, you would best describe your physical health as:

❑ Poor ❑ Fair ❑ Good ❑ Very good ❑ Excellent

How do you feel about your physical health? (Check one)

❑ Very dissatisfied ❑ Moderately dissatisfied ❑ A little dissatisfied ❑ Neither satisfied nor dissatisfied ❑ A Little satisfied ❑ Moderately satisfied ❑ Very satisfied

How important to you is your physical health? (Check one)

❑ Not at all important ❑ Slightly important ❑ Moderately important ❑ Very important ❑ Extremely important

Are you currently taking psychiatric medications? ❑ Yes ❑ No (If no, go to next page)

If you are currently taking psychiatric medications, do you take them as prescribed? (Check one)

❑ Never ❑ Sometimes ❑ Always ❑ Very infrequently ❑ Quite often

If you are currently taking psychiatric medications, do you have side effects from them?

❑ None ❑ Slight ❑ Mild ❑ Moderate ❑ Severe

If you take medications for mental health problems, do you feel the medication helps control your symptoms?

❑ Not at all ❑ Some ❑ A fair amount ❑ Quite a bit ❑ Eliminates all symptoms

How do you feel about taking your psychiatric medications?

❑ Very dissatisfied ❑ Moderately dissatisfied ❑ A little dissatisfied ❑ Neither satisfied nor dissatisfied ❑ A little satisfied ❑ Moderately satisfied ❑ Very satisfied

ALCOHOL & OTHER DRUGS

Over the **past four weeks**, have you drank any alcohol? ❑ Yes ❑ No

If yes, on how many days have you had any alcohol to drink over the **past four weeks**? _____ (number of days)

What do you think about your alcohol use? (Check one)

❑ It is a big problem ❑ It is a minor problem ❑ Not a problem ❑ It helps a little ❑ It helps a lot

Over the **past four weeks**, have you used any street drugs (cocaine, marijuana, heroin, speed, LSD, etc.)?

❑ Yes ❑ No

If yes, on how many days have you had any alcohol to drink over the **past four weeks**? _____ (number of days)

What do you think about your drug use? (Check one)

❑ It is a big problem ❑ It is a minor problem ❑ Not a problem ❑ It helps a little ❑ It helps a lot

SOCIAL RELATIONS / SUPPORT

	Very dissatisfied	Moderately dissatisfied	A little dissatisfied	Neither satisfied or dissatisfied	A little satisfied	Moderately satisfied	Very satisfied
How satisfied or dissatisfied are you with the number of friends you have?	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you with how you get along with your friends? ❑ No friends	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you with your relationship with your family? ❑ No family	❑	❑	❑	❑	❑	❑	❑
If you live with others, how satisfied or dissatisfied are you with the people with whom you live? ❑ Live alone	❑	❑	❑	❑	❑	❑	❑
How satisfied or dissatisfied are you with how you get along with other people?	❑	❑	❑	❑	❑	❑	❑

How many people do you count as your friends?	❑ none	❑ 1-2	❑ 3-5	❑ over 5

IMPORTANCE LEVEL

	Not at all important	Slightly important	Moderately important	Very important	Extremely important
How important is it to have an adequate number of friends?	❑	❑	❑	❑	❑
How important is it to get along with your friends?	❑	❑	❑	❑	❑
How important are family relationships?	❑	❑	❑	❑	❑
If you live with others, how important are the people with whom you live?	❑	❑	❑	❑	❑
How important is it to get along with others?	❑	❑	❑	❑	❑

During the **past four weeks**, you have (check one):

- ❑ been having good relationships with others and receiving support from family and friends
- ❑ been receiving only moderate support from family and friends
- ❑ had infrequent support from family and friends or only when absolutely necessary

MONEY

Are you paid for working or attending school? ❑ Yes ❑ No

How do you feel about the amount of money you have?

❑ Very dissatisfied ❑ Moderately dissatisfied ❑ A little dissatisfied ❑ Neither satisfied nor dissatisfied ❑ A Little satisfied ❑ Moderately satisfied ❑ Very satisfied

How satisfied are you about the amount of control you have over your money?

❑ Very dissatisfied ❑ Moderately dissatisfied ❑ A little dissatisfied ❑ Neither satisfied nor dissatisfied ❑ A Little satisfied ❑ Moderately satisfied ❑ Very satisfied

How important to you is money?

❑ Not at all important ❑ Slightly important ❑ Moderately important ❑ Very important ❑ Extremely important

How important is it to you to have control over your money?

❑ Not at all important ❑ Slightly important ❑ Moderately important ❑ Very important ❑ Extremely important

How often does lack of money keep you from doing what you want to do?

❑ Never ❑ Sometimes ❑ Frequently ❑ Almost always

ACTIVITIES OF DAILY LIVING

Below are activities that you may have participated in recently. Please check YES or NO to indicate whether you have done the activity in the **past four weeks**.

	YES	NO		YES	NO
Gone to a restaurant or coffee shop	❑	❑	Gone shopping	❑	❑
Gone for a ride in a bus or car	❑	❑	Prepared a meal	❑	❑
Cleaned the room/apartment/home	❑	❑	Done the laundry	❑	❑

During the **past four weeks** you:

- ❑ have been able to do most things on your own (such as shopping, getting around town, etc.)
- ❑ have needed some help in getting things done
- ❑ have had trouble getting tasks done, even with help

In the **past four weeks**, how often have you had any problems with personal grooming (e.g. taking showers, brushing your teeth)?

❑ Never ❑ Sometimes ❑ Frequently ❑ Almost always

GOAL ATTAINMENT

What do you hope to accomplish *as a result of your mental health treatment*? Please write below up to 3 goals:

Goal 1: _____

How important is this goal?

	1	2	3	4	5	6	7	8	9	10	
Not at all important	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	**Extremely important**

To what extent has this goal been achieved?

	1	2	3	4	5	6	7	8	9	10	
Not at all achieved	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	**Completely achieved**

Goal 2: _____

How important is this goal?

	1	2	3	4	5	6	7	8	9	10	
Not at all important	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	**Extremely important**

To what extent has this goal been achieved?

	1	2	3	4	5	6	7	8	9	10	
Not at all achieved	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	**Completely achieved**

Goal 3: _____

How important is this goal?

	1	2	3	4	5	6	7	8	9	10	
Not at all important	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	**Extremely important**

To what extent has this goal been achieved?

	1	2	3	4	5	6	7	8	9	10	
Not at all achieved	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	**Completely achieved**

GOAL ATTAINMENT

Please write below your *agreed upon goals*: Date: _____/_____/_____

Goal 1: _____

How important is this goal?

Not at all important	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑	7 ❑	8 ❑	9 ❑	10 ❑	**Extremely important**

To what extent has this goal been achieved?

Not at all achieved	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑	7 ❑	8 ❑	9 ❑	10 ❑	**Completely achieved**

Goal 2: _____

How important is this goal?

Not at all important	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑	7 ❑	8 ❑	9 ❑	10 ❑	**Extremely important**

To what extent has this goal been achieved?

Not at all achieved	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑	7 ❑	8 ❑	9 ❑	10 ❑	**Completely achieved**

Goal 3: _____

How important is this goal?

Not at all important	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑	7 ❑	8 ❑	9 ❑	10 ❑	**Extremely important**

To what extent has this goal been achieved?

Not at all achieved	1 ❑	2 ❑	3 ❑	4 ❑	5 ❑	6 ❑	7 ❑	8 ❑	9 ❑	10 ❑	**Completely achieved**

OTHER

Below are activities that you may have participated in recently. Please check Yes or No to indicate whether you have done the activity in the **past four weeks**.

	YES	NO		YES	NO
Gone for a walk	❑	❑	Gone to a social group	❑	❑
Gone to a movie or play	❑	❑	Read a magazine or newspaper	❑	❑
Watched TV	❑	❑	Gone to church, synagogue, mosque	❑	❑
Played cards	❑	❑	Listened to a radio	❑	❑
Played a sport	❑	❑	Gone to a library	❑	❑

Please check the box below to indicate how you feel about your quality of life during the **past four weeks.** *Lowest quality* means things are as bad as they could be. *Highest quality* means things are the best they could be.

Lowest	1	2	3	4	5	6	7	8	9	10	**Highest**
quality	❑	❑	❑	❑	❑	❑	❑	❑	❑	❑	**quality**

If your quality of life is less than you hope for, how hopeful are you that you will eventually achieve your desired quality of life? (Check one)

❑ Not at all ❑ Somewhat ❑ Moderately ❑ Very

How much control do you feel you have over the important areas of your life? (Check one)

❑ None ❑ Some ❑ A moderate amount ❑ A great amount

How important are each of the following factors in determining your quality of life?	Not at all important	Slightly important	Moderately important	Very important	Extremely important
Work, school or other occupational activities	❑	❑	❑	❑	❑
Your feelings about yourself	❑	❑	❑	❑	❑
Your physical health	❑	❑	❑	❑	❑
Friends, family, people you spend time with	❑	❑	❑	❑	❑
Having enough money	❑	❑	❑	❑	❑
Ability to take care of yourself	❑	❑	❑	❑	❑
Your mental health	❑	❑	❑	❑	❑
Other, please specify: _____	❑	❑	❑	❑	❑

Is there anything else you would like us to know?

Becks Depression Scale

Name: _____ Date_____ Score_____

A.
__ I am so sad or unhappy that I can't stand it.
__ I am blue or sad all the time and I can't snap out of it.
__ I feel sad or blue.
__ I do not feel sad.

B.
__ I am dissatisfied with everything.
__ I don't get satisfaction out of anything anymore.
__ I don't enjoy things the way I used to.
__ I am not particularly dissatisfied.

C.
__ I feel as though I am very bad or worthless.
__ I feel quite guilty.
__ I feel bad or unworthy a good part of the time.
__ I don't feel particularly guilty.

D.
__ I get too tired to do anything.
__ I get tired from doing anything.
__ I get tired more easily than I used to.
__ I don't get any more tired than usual.

E.
__ I can't make any decisions at all anymore.
__ I have great difficulty in making decisions.
__ I try to put off making decisions.
__ I make decisions about as well as ever.

F.
__ I feel that the future is hopeless and that things cannot improve.
__ I feel I have nothing to look forward to.
__ I feel discouraged about the future.
__ I am not particularly pessimistic or discouraged about the future.

G.
__ I feel I have failed as a person (parent, husband, wife, co-worker).
__ As I look back in my life, all I can see is a lot of failures.
__ I feel I have failed more than the average person.
__ I do not feel like a failure.

H.
__ I have lost all of my interest in other people and don't care about them at all.
__ I have lost most of my interest in other people and have little feeling for them.
__ I am less interested in other people than I used to be.
__ I have not lost interest in other people.

I.
__ I feel that I'm ugly or repulsive looking.
__ I feel that there are permanent changes in my appearance and they make me look unattractive.
__ I'm worried that I am looking old or unattractive.
__ I don't feel that I look any worse than I used to.

J.
__ I hate myself.
__ I'm disgusted with myself.
__ I'm disappointed in myself.
__ I don't feel disappointed in myself.

K.
__ I would kill myself if I had a chance.
__ I have definite plans about committing suicide.
__ I feel I would be better off dead.
__ I don't have any thoughts of harming myself.

L.
__ I can't do any work at all.
__ I have to push myself very hard to do anything.
__ It takes extra effort to get started at doing something.
__ I can work about as well as before.

M.
__ I have no appetite at all anymore.
__ My appetite is much worse now.
__ My appetite is not as good as used to be.
__ My appetite is no worse than usual.

Liebowitz Social Anxiety Scale

Name_____ Date _____

Fear or Anxiety	Avoidance
0 - None	0 - Never (0%)
1 - Mild	1 - Occasionally (1-33%)
2 - Moderate	2 - Often (34-67%)
3 - Severe	3 - Usually (68-100%)

	Fear or Anxiety	Avoidance
01. Telephoning in public.		
02. Participating in small groups.		
03. Eating in public places.		
04. Drinking with others in public places.		
05. Talking to people in authority.		
06. Acting, performing or talking in front of an audience.		
07. Going to a party.		
08. Working while being observed.		
09. Writing while being observed.		
10. Calling someone you don't know very well.		
11. Talking with people you don't know very well.		
12. Meeting strangers.		
13. Urinating in public restrooms.		
14. Entering a room when others are already seated.		
15. Being the center of attention.		
16. Speaking up at a meeting.		
17. Taking a test.		
18. Expressing disappointment to people you don't know well.		
19. Looking people you don't know very well in the eyes.		
20. Giving a report to a group.		
21. Trying to pick up someone.		
22. Returning goods to restore.		
23. Giving a party.		
24. Resisting a high-pressure salesperson.		
Total		

THE MOOD DISORDER QUESTIONNAIRE

Date: _____

Name: _____

Please check off the statements that apply.

Part 1.

Has there ever been a period of time when you were not your usual self and...

__You felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?

__You were so irritable that you shouted at people or started fights or arguments?

__You felt much more self-confident than usual?

__You got much less sleep than usual and found you didn't really miss it?

__You were much more talkative or spoke much faster than usual?

__Thoughts raced through your head or you couldn't slow your mind down?

__You were so easily distracted by things around you that you had trouble concentrating or staying on track?

__You had much more energy than usual?

__You were much more active or did many more things than usual?

__You were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?

__You were much more interested in sex than usual?

__You did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?

__Spending money got you or your family into trouble?

Part 2.

If you checked more than one of the above, have several of these ever happened during the same period of time? __Yes __No

Part 3.

How much of a problem did any of these cause you - like being unable to work; having family, money or legal troubles' getting into arguments or fights? Please select one response only.

__No Problem __Minor Problem __Moderate Problem __Serious Problem

Part 4.

Additional comments: _____

_____

_____

_____

_____

Adult ADHD Self-Report Scale (ASRS-v1.1) Symptom Checklist

Patient Name		Today's Date	

Please answer the questions below, rating yourself on each of the criteria shown using the scale on the right side of the page. As you answer each question, place an X in the box that best describes how you have felt and conducted yourself over the past 6 months. Please give this completed checklist to your healthcare professional to discuss during today's appointment.

	Never	Rarely	Sometimes	Often	Very Often
1. How often do you have trouble wrapping up the final details of a project, once the challenging parts have been done?					
2. How often do you have difficulty getting things in order when you have to do a task that requires organization?					
3. How often do you have problems remembering appointments or obligations?					
4. When you have a task that requires a lot of thought, how often do you avoid or delay getting started?					
5. How often do you fidget or squirm with your hands or feet when you have to sit down for a long time?					
6. How often do you feel overly active and compelled to do things, like you were driven by a motor?					

Part A

7. How often do you make careless mistakes when you have to work on a boring or difficult project?					
8. How often do you have difficulty keeping your attention when you are doing boring or repetitive work?					
9. How often do you have difficulty concentrating on what people say to you, even when they are speaking to you directly?					
10. How often do you misplace or have difficulty finding things at home or at work?					
11. How often are you distracted by activity or noise around you?					
12. How often do you leave your seat in meetings or other situations in which you are expected to remain seated?					
13. How often do you feel restless or fidgety?					
14. How often do you have difficulty unwinding and relaxing when you have time to yourself?					
15. How often do you find yourself talking too much when you are in social situations?					
16. When you're in a conversation, how often do you find yourself finishing the sentences of the people you are talking to, before they can finish them themselves?					
17. How often do you have difficulty waiting your turn in situations when turn taking is required?					
18. How often do you interrupt others when they are busy?					

Part B

UTAH RATING SCALE

Name_____ Date_____

The questions below referred to how you have behaved and felt during most of your adult life. Circle one of the numbers which follows each item using the following scale:

0 = not at all 1 = just a little 2 = some what
3 = moderately 4 = quite a lot 5 = very much so

1.	I find my mind wandering from tasks at work that are not interesting or easy.	0 1 2 3 4 5
2.	I find it quite difficult to read material unless it is very interesting or easy.	0 1 2 3 4 5
3.	It is hard for me to sustain my attention during conversations with others, especially in groups.	0 1 2 3 4 5
4.	I find listening and lectures in meetings difficult and taxing.	0 1 2 3 4 5
5.	I am always "on the go" and doing something. It is difficult for me to stop unless I am tired.	0 1 2 3 4 5
6.	I am fidgety. For example, when sitting down, I am often moving my hands or feet, tapping my fingers, swinging my legs, or shifting in my chair.	0 1 2 3 4 5
7.	I have difficulty with tasks requiring hand-eye coordination such a tennis.	0 1 2 3 4 5
8.	I have a quick, or short temper.	0 1 2 3 4 5
9.	I have learned to control my temper at work (or school) but it comes out later at home.	0 1 2 3 4 5
10.	Minor provocations can produce a lot of irritability in me.	0 1 2 3 4 5
11.	My temper comes up quickly and goes away quickly. The anger does not usually last beyond a few minutes or a few hours at the most.	0 1 2 3 4 5
12.	I say things on the "spur of the moment" and regret them later-on.	0 1 2 3 4 5
13.	It is hard for me to postpone decisions.	0 1 2 3 4 5
14.	It is hard for me to think ahead to the consequences of my decisions.	0 1 2 3 4 5
15.	I seem to interrupt people in conversations.	0 1 2 3 4 5

UTAH RATING SCALE

16.	People say I seem to lack awareness of their thoughts or feelings.	0 1 2 3 4 5
17.	I have a tendency to talk first and think later which interferes with my relationships at school or at home.	0 1 2 3 4 5
18.	My moods seem to have high and lows.	0 1 2 3 4 5
19.	When my mood is "blue" or "down", it usually lasts for no more then a few hours or at most for a day or two.	0 1 2 3 4 5
20.	If my mood is depressed and something pleasant happens, my mood improves.	0 1 2 3 4 5
21.	It's hard for me to plan tasks so that I finish things.	0 1 2 3 4 5
22.	I often jump from one task to another so that it interferes with me getting some (or most) tasks completed.	0 1 2 3 4 5
23.	Tasks requiring attention to detail, such as keeping a checkbook, are often overwhelming.	0 1 2 3 4 5
24.	Because it is so hard for me, I turned the keeping of my checkbook and/or paying my bills over to another person.	0 1 2 3 4 5
25.	My personal spaces, (bedroom, closet, desk) are often disorganized.	0 1 2 3 4 5
26.	I find I get easily upset.	0 1 2 3 4 5
27.	I seem to be "thin-skinned" and things can upset me more quickly than they seem to upset others.	0 1 2 3 4 5
28.	I tend to make mountains out of mole-hills.	0 1 2 3 4 5
29.	Fairly minor problems are upsetting enough to me that they interfere with my relationships with other people at home or at work.	0 1 2 3 4 5

INSTRUMENTAL ACTIVITIES OF DAILY LIVING SCALE (IADL)

M.P. Lawton & E.M. Brody

A. Ability to use telephone

1. Operates telephone on own initiative; looks up and dials numbers, etc.	1
2. Dials a few well-known numbers	1
3. Answers telephone but does not dial	1
4. Does not use telephone at all.	0

B. Shopping

1. Takes care of all shopping needs independently	1
2. Shops independently for small purchases	0
3. Needs to be accompanied on any shopping trip.	0
4. Completely unable to shop.	0

C. Food Preparation

1. Plans, prepares and serves adequate meals independently	1
2. Prepares adequate meals if supplied with ingredients	0
3. Heats, serves and prepares meals or prepares meals but does not maintain adequate diet.	0
4. Needs to have meals prepared and served.	0

D. Housekeeping

1. Maintains house alone or with occasional assistance (e.g. “heavy work domestic help”)	1
2. Performs light daily tasks such as dishwashing, bed making	1
3. Performs light daily tasks but cannot maintain acceptable level of cleanliness.	1
4. Needs help with all home maintenance tasks.	1
5. Does not participate in any housekeeping tasks.	0

E. Laundry

1. Does personal laundry completely	1
2. Launders small items; rinses stockings, etc.	1
3. All laundry must be done by others.	0

F. Mode of Transportation

1. Travels independently on public transportation or drives own car.	1
2. Arranges own travel via taxi, but does not otherwise use public transportation.	1
3. Travels on public transportation when accompanied by another.	1
4. Travel limited to taxi or automobile with assistance of another.	0
5. Does not travel at all.	0

G. Responsibility for own medications

1. Is responsible for taking medication in correct dosages at correct time.	1
2. Takes responsibility if medication is prepared in advance in separate dosage.	0
3. Is not capable of dispensing own medication.	0

H. Ability to Handle Finances

1. Manages financial matters independently (budgets, writes checks, pays rent, bills goes to bank), collects and keeps track of income.	1
2. Manages day-to-day purchases, but needs help with banking, major purchases, etc.	1
3. Incapable if handling money.	0