A logo for a health care company

Description automatically generated

**Quality of Life Questionnaire**

INSTRUCTIONS: Please have patients answer the following 5 questions at:

1) Enrollment 2) 6 months 3) 12 months/1 year

\*Save results in the medical record for each individual patient and document completion of the survey on the Excel form titled “HOPE Individual Patient Visits and Intervention Delivery DATA Sheet” or if you are doing groups, the “HOPE Group Patient Visits and Intervention Delivery DATA sheet.” It is the last column under the Intervention Delivery tab. Select the entry for the appropriate time period: enrollment done, 6 month done or 12 month done.

For each of the following, please provide the one best answer.

1. In general, would you say your quality of life is…  
   Excellent Very Good Good Fair Poor
2. In general, how would you rate your physical health?

Excellent Very Good Good Fair Poor

1. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

Completely Mostly Moderately a Little Not at all

1. In general, how would you rate your mental health, including your mood and your ability to think?

Excellent Very Good Good Fair Poor

1. In general, how would you rate your satisfaction with your social activities and relationships?

Excellent Very Good Good Fair Poor



Quality of Life Questions

Thank you for working with us on your weight loss journey! As we are interested in assessing your overall health and wellbeing, we will be asking you these 5 questions as you start, 6 months into our work together, and at the end of 12 months.

Instructions: For each of the following, please circle the one best answer for you right now.

1. In general, would you say your quality of life is…

Excellent Very Good Good Fair Poor

1. In general, how would you rate your physical health?

Excellent Very Good Good Fair Poor

1. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?

Completely Mostly Moderately a Little Not at all

1. In general, how would you rate your mental health, including your mood and your ability to think?

Excellent Very Good Good Fair Poor

1. In general, how would you rate your satisfaction with your social activities and relationships?

Excellent Very Good Good Fair Poor

1. Is there anything else that you want us to know?

Your name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your birthdate (for ID purposes): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you!