

Quality of Life Questionnaire

Name: _____

- Initial
- 3 month follow up
- 12 month follow up

Quality of Life

In general would you say your health is:

- Excellent Very Good Good Poor Very Poor

What would you like your health to be?

- Excellent Very Good Good Poor Very Poor

Compare to one year ago, how would you rate your health now?

- Excellent Very Good Good Poor Very Poor

During the past three weeks, has the state of your physical or emotional health interfered with your normal activities?

- Excellent Very Good Good Poor Very Poor

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