

## Quality of Life and Health Questionnaire

How do you feel? This is what this questionnaire is about.

Please answer each question carefully. Remember this is not a test so there is no right and wrong answers and nobody you know will see your answers. It is important that you answer all the questions and we can see your marks clearly.

We will not show the questionnaire to anybody who knows you.





4. Have you felt lonely?



5. Have you had enough time for yourself?



6. Have you been able to do the things you wanted to in your free time?



7. Have adults treated you fairly?



8. Have you had fun with your friends?



9. Have you got on well at school?



10. Have you been able to pay attention?



11. In general, do you think you have a healthy diet?



12. How many servings of fruit do you usually eat in a day?

- a. None
- b. One
- c. Two or more

13. How many servings of salad and vegetables do you usually eat in a day, including raw and cooked vegetables?

- a. None
- b. Between one and three

c. Four or more

14. How many snack foods – such as crisps, chocolate, cake or sweets – do you usually eat in a day?

a. Three or more a day

b. One or two a day

c. None

15. How many sugary drinks (fizzy drinks and fruit juice) do you usually drink in a day?

a. Two or more a day

b. One or two a day

c. None

16. How much moderate (breathing quicker than normal) or vigorous (huffing and puffing exercise) do you usually do in a day?

a. 0 to 30 minutes

b. 30 to 60 minutes

c. 60 minutes or more

17. How often do you spend time doing active things with your family or friends (like walking the dog, cycling, swimming)?

a. Never

b. Once or twice a week

c. More than twice a week

18. How much time do you usually spend watching media, playing computer games, reading or doing homework?

a. More than two hours a day

b. Between one and two hours a day

c. Less than one hour a day

19. What type of diet you prefer?

a. Swiss diet

b. Mediterranean diet

c. American diet

d. Asian diet

d. Other \_\_\_\_\_

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Name or identification number (for operator):

- 1) Sex Male   
Female

2) Age.....

3) Weight (kg)..... High (cm).....

4) In general, how would you say your health is?

Excellent



Very good



Good



Fair



Poor



### Thinking about the last week

1. Have you felt fit and well?



Extremely



Very



Moderately



Slightly



Not at all

2. Have you felt full of energy?



Extremely



Very



Moderately



Slightly



Not at all

3. Have you felt sad?





4. Have you felt lonely?



5. Have you had enough time for yourself?



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- d. Asian diet
- d. Other \_\_\_\_\_

**Perception of the state:**

- 1) Compared to 4 months ago,
- Much better now than 4 months ago
  - Somewhat better now than 4 months ago
  - About the same
  - Somewhat worse now than 4 months ago
  - Much worse now than 4 months ago

## OPERATOR'S SELF-ASSESSMENT QUESTIONNAIRE

**Name of operator:**

- 1) Sex
- Male
- Female

2) Age.....

**4) In general, how you feel about your work:**

Satisfactory

Unsatisfactory

**5) It was difficult to test the subjects?**

Yes

No

**6) What do you think of the project carried out? Can it be useful for integration?**

Yes

No

**If not, explain the reasons:**