

## Quality of Life Changes

**(To Be Answered by the Person or Whoever Knows the Person Best)**

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Ask the person to rate the qualities of his/her own life “BEFORE” and “NOW.” For substance abuse programs, “BEFORE” means before this person became involved in the program. If the person has not yet begun, or has just begun, involvement, use “A YEAR AGO” in place of “BEFORE.” **If the person can't answer, accept answers from whoever knows the person best.**

<b>BEFORE</b>		<b>NOW</b>		
1 Very Bad		1 Very Bad		
2 Bad		2 Bad		
3 OK		3 OK		
4 Good		4 Good		
5 Very Good		5 Very Good		
	1B		1N	1 Health
	2B		2N	2 Running my own life, making choices
	3B		3N	3 Family relationships
	4B		4N	4 Seeing friends, socializing
	5B		5N	5 Getting out and getting around
	6B		6N	6 What I do all day
	7B		7N	7 Food
	8B		8N	8 Happiness
	9B		9N	9 Comfort
	10B		10N	10 Safety
	11B		11N	11 Treatment by staff/attendants
	12B		12N	12 Health care
	13B		13N	13 Privacy
	14B		14N	14 Overall quality of life