WHOQOL Quick User Guide

World Health Organization Quality of Life Scale (Brief)

At a Glance User Guide

What is the WHOQOL-Brief?

Designed for adults, it is a brief tool that assesses quality of life (QOL) based on a client's perspective, expectations, and concerns.

- Consists of **26 questions** to assess **5 areas** of a person's life: general, physical health, mental and emotional well-being, ability to live independently and their surroundings, and relationships and social support. It offers a holistic picture of a client's well-being.
- It is not a diagnostic tool. It should be used in conjunction with other clinical assessments, not replace them.
- The FHA WHOQOL form shows each area (also called domains or sections) in different colours.
- Completion time is typically 10 to 15 minutes, to fit each client.

WHY?

By considering these 5 areas, clinicians and clients work together to develop recovery and treatment plans that reflect what is most important and relevant to the individual. In conjunction with other clinician-based assessments, QOL tools help clinicians track progress, respond to changes in clients' QOL and healthcare experiences, and engage clients in decisions about their recovery. QOL assessments can draw attention to concerns that might otherwise be missed and potentially save time by identifying client priorities early and over time.

WHEN?

The minimum requirements are within the first month, 6-month intervals, and at the end of service (see workflow, Appendix A).

HOW?

1. **Locate a colour copy of the WHOQOL-Brief** (Appendix B) to ease scoring. Use QOL patient education materials.
2. **Administer the WHOQOL**: Have clients complete the WHOQOL. To ease client concerns, explain the purpose of the questionnaire, its personal nature, how the results will be used, and the estimated time to complete it. For scripts, see Table 1 and Appendix C for a sample question.
3. **Score each section**: For each of the 5 sections, add the scores for all questions within a section to calculate a total score (see Tables 2 and 3).
4. **Review the results**: Review the section and question scores to identify areas of strength (higher scores) and potential concerns (lower scores).
5. **Interpret the results with clients**: Interpreting QOL results involves a continuous two-way conversation between clinicians and clients. Talk to clients about their experience completing the questionnaire and their responses. Focus on section and question scores—both high and low—to explore what they mean in the context of clients' goals. Table 4 describes the meaning of each question.
6. **Collaborating with clients on recovery planning**: Use the assessment results to engage clients in identifying areas of focus to inform recovery plans and treatment decisions based on their needs and preferences (client should drive this process).
7. **Documentation and follow-up**: Enter the WHOQOL data into PARIS and retain a copy in the client's record. Provide a copy of the results to the client (optional). Follow-up as needed, at a minimum every 6 months.
8. **For tips:** on tailoring the process and equity considerations.

Introduction

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Background

What is quality of life?

- Quality of life (QOL) is about how individuals feel about their life overall, shaped by their culture, values, personal goals, and what matters most to them.
- It helps us understand their satisfaction with different parts of their life, such as their health, relationships, and daily activities.

Why is the quality of life important?

- QOL helps us look at health more broadly, beyond symptoms and disease, to include the whole person. This supports a shift to a more human-centred approach to care, such as a recovery-focused approach for persons living with mental health and substance use challenges.
- Using QOL assessment tools helps support a recovery-focused approach, track progress, and inform shared decision-making.

What's the difference between a PROM and a ROM?

- QOL tools are a type of *Patient-Reported Outcome Measure* (PROM), designed to capture the patient's perspective on their health and well-being in a standardized, quantitative way.
- PROMs complement *clinician-reported outcomes* (e.g., HoNOS) by providing insight into what matters most to patients.
- In some settings, you may see the term *Routine Outcome Measures* (ROMs), which include both patient-reported and clinician-reported tools.

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Detailed User Guide

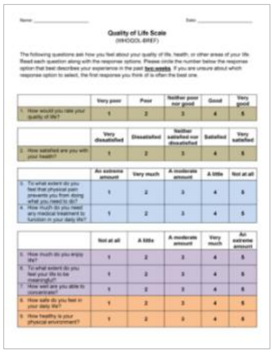
The workflow (see Appendix A) provides an overview of the workflow process for using the WHOQOL.

This video illustrates how the WHOQOL can be used with clients in Community Mental Health.

Goal: All adult clients at community mental health centres should complete the WHOQOL within the first month and at least every **6 months**, sooner if clinically indicated.

Guiding principles:

- *Person-Centred Approach:* Focus on what matters most to each individual, considering their unique story, culture, and values.
- *Recovery-Oriented Care:* Use WHOQOL to support dialogue about personal goals and well-being, not as a standalone measure.
- *Relational Use of WHOQOL:* Treat the tool as a conversation starter, not a definitive judgment of quality of life. This fosters client involvement in decisions about their recovery.



For guidance on making minor adjustments to the process, see Tailoring the process.

☑ STEP 1: Locate WHOQOL Form and Client Education Materials

- The colour version of the FHA WHOQOL-Brief (see Appendix B) allows quick calculation of section (area/domain) scores.
- Request colour copies from the FHA print shop through your administration coordinator (Print number 258354).
- The FHA Patient Education Catalogue includes two QOL information sheets for community mental health clients (Live Your Best Life and FAQ). Print copies to share with your clients. Align with the *Your Life and Recovery Journey* workbook and poster.

☑ STEP 2: Administer the WHOQOL

Time: Most clients complete the tool in 10-15 minutes, though for some it may take up to an hour (possibly over several sessions).

Timing: Typically completed within the first month, ideally in one session. Ensure resources are in place, such as risk assessments and safety plans.

Scope: It reflects the client's life in the past two weeks.

Completion: Clients typically complete it independently (paper, electronic, or phone). Encourage clients to respond to the questions based on their own thoughts and experiences.

Example: Walking through a sample question (WHOQOL form or Appendix C) can help clients understand how to respond.

Assistance: A clinician, family member, or natural support may help with reading or clarifying wording if the client has difficulty, but responses must reflect the client's own views without influence. Document any assistance provided in the clinical record.

Introduction: Use the provided script and standardized instructions (see Table 1) to help clients feel at ease and address common questions. This example uses plain language in a supportive, respectful tone—ideal for QOL assessments, especially for clients with lower literacy or who may feel vulnerable. Read the standardized instructions to clients or adapt them to fit your communication style (e.g., use of "I" versus "we" statements).

Table 1. An example script for introducing the WHOQOL to clients

Script	Rationale
I have some questions for you to answer, which will help us both get a sense of how you're feeling and managing in your day-to-day life. I am asking these questions to get a better sense of what matters to you, so we can work together on those things as part of your recovery.	Explains the purpose of the questions and helps the client understand the purpose of the assessment tool . Use "we" and "I" as appropriate.
There are 26 questions. Generally, people take about 15 minutes, sometimes more, to fill out.	Provides a clear expectation of the tool's length and typical completion time, while acknowledging that it may vary for each person.
Try to answer as many questions as you can. If you need help, I can go through them with you.	Encourages independent completion while offering support to ensure the client feels comfortable and supported throughout the process.
There's no right or wrong way to answer. It's all about how you see things—what life feels like from your point of view. *If you're not sure how to answer a question, choose the one that seems to fit best with what you think or feel. Your first thought is often a good choice.*	Reassures the client that their personal perspective matters and helps reduce pressure to respond in ways they think are expected.
Some of the questions may feel personal or private. The information you share will help support your recovery. It won't be used to take away services or support. *What we're really trying to do is figure out what's going well in you right now—and also where things might be feeling a bit tough lately, and where I can provide support.*	Acknowledges that some questions may feel sensitive and clarifies how the information will be used to understand their perspective and guide recovery planning (not to judge or determine services based on scores), helping build trust and transparency.
Some questions might be hard to answer or bring up strong feelings. You can take your time, and we can talk about anything that comes up.	Show openness to discussion and emotional responses, validating the client's experience and reassuring them that support is available to work through feelings, rather than avoiding them.

☑ STEP 3: Score Each Section

Structure: 26 divided into 5 areas (domains/sections) of a person's life.

Scoring: The coloured version is easiest to score. For black-and-white copies, use the answer key (Table 2) to match the questions to each section.

Interpretation: All the questions are positively worded, so a higher score represents a better possible quality of life in each area.

a. Scoring

- Each question uses a 5-point Likert scale (1 = worst, 5 = best).
- Ensure every question has one score; if two numbers are circled, choose one or average them.
- If questions are unanswered, a total score cannot be calculated for that specific section. In this case, the separate questions can be interpreted.

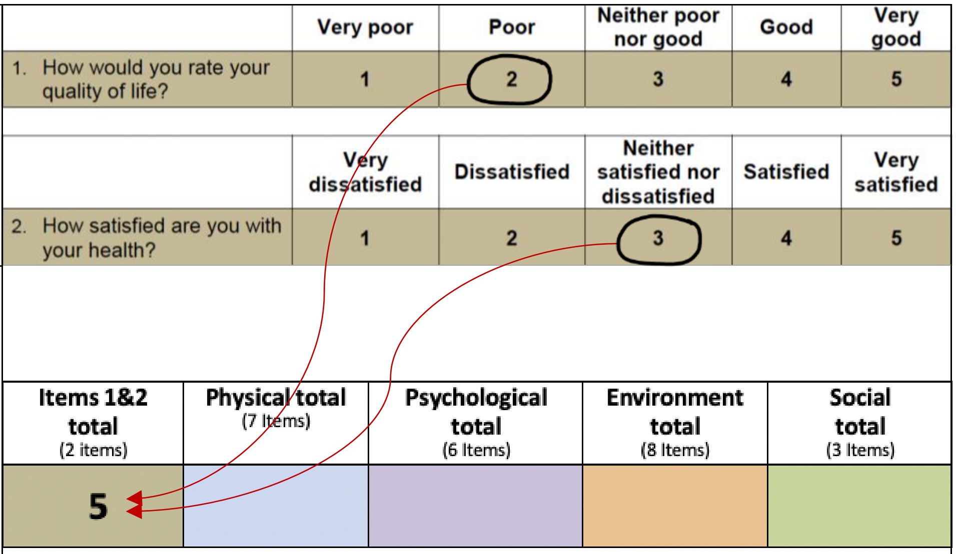
b. Calculate section scores (or domain scores) (Table 3)

- For each section, add together the scores for all questions within a section to calculate a total score.
- Sections vary in question count (e.g., Physical = 7 questions; Social = 3 questions), so total scores differ by domain.
- Record all five section scores on page 3 of the WHOQOL form (Appendix B).
- Each section score reflects the client's quality of life within that specific area.

Table 2. Answer Key to Score the WHOCQOL-Brief

Section name and number of questions (items) per section	**Domain 1: General** (2 items)	**Domain 2: Physical** (7 items)	**Domain 3: Psychological** (6 items)	**Domain 4: Environmental** (8 items)	**Domain 5: Social** (3 items)
Question Numbering on the WHOQOL form *"Q" means Question*	Q1 + Q2	Q3 + Q4 + Q10 + Q15 + Q16 + Q17 + Q18	Q5 + Q6 + Q7 + Q11 + Q19 +Q26	Q8 + Q9 + Q12 + Q13 + Q14 + Q23 + Q24 + Q25	Q20 + Q21 + Q22
Color	Brown	Blue	Purple	Orange	Green
Possible Range of Scores	2-10	7-35	6-30	8-40	3-15

Table 3. Scoring Example

STEP 1: Client Responses For the General questions (brown), the client circles: for Q1, number 2 (poor), and for Q2, number 3 (neither satisfied nor dissatisfied).	 Very poor / Poor / Neither poor nor good / Good / Very good 1. How would you rate your quality of life? 1 [✓ 2] 3 4 5 Very dissatisfied / Dissatisfied / Neither satisfied nor dissatisfied / Satisfied / Very satisfied 2. How satisfied are you with your health? 1 2 [✓ 3] 4 5 Items 1&2 total (2 items) / Physical total (7 Items) / Psychological total (6 Items) / Environment total (8 Items) / Social total (3 Items) 5
STEP 2: Tally Each Domain by Colour To create a total score for the general section, the two numbers for Q1 and Q2 are added together (2+3=5). On the WHOQOL form, document the total score at the bottom of page 3.	
STEP 3: Calculate the total score for the remaining sections Repeat by adding the scores to add totals for the remaining sections.	*For example,* in **Domain 1: Physical** clients answer seven questions—these are listed in the answer key (Table 2) or are colored blue on the QOL form. Add the numbers circled from each question to create a total score for this domain. Again, document the total score at the bottom of page 3 of the WHOQOL form in the box for "physical total" (also colored blue).

STEP 4: Review Results

- Before sharing results, quickly scan question and section scores to identify possible areas of strength (higher scores), mid-range areas, and concerns (lower scores).
- Interpret these in the context of other clinical assessments and recovery-oriented approaches (e.g., motivational interviewing, Trauma and Resiliency Informed Practice (TRIP), and *Your Life and Recovery Journey* workbook and clinician course).

STEP 5: Interpret Results with Clients

- Discuss and interpret WHOQOL results as part of a broader, person-centred assessment, not as a standalone measure.
- See the Information to Aid Interpretation and Client Discussions section for further information.

a. Engage clients about their experience.

- After completion, engage about their experience to reduce feelings of discomfort, anger, or shame and to explore emotional responses or triggers that surfaced.
- Acknowledge their lived experience and reassure them that support is available to work through feelings, rather than avoid them.

b. Obtain client input to explore and interpret responses.

- Use discussion to understand the intent behind client responses and ensure they reflect their perspective (rather than wanting to satisfy the clinician).
- Based on your clinical judgement, focus on sections with both high and low scores to interpret the meaning of client responses in the context of culture, values, life experiences, and personal goals.
- Recognize that perceptions of QOL vary widely, and scores may differ even among similar populations (see Equity Considerations).
- Begin with the “General” section for an overall sense of their QOL, then explore domains (physical, psychological, independence/environment, and social) in any order based on your clinical judgement. Use specific questions to spark meaningful conversations about experiences and perceptions.
- Avoid overemphasizing numbers—use them as a guide to understand and support the client’s recovery journey, exploring both underlying issues and strengths (e.g., in the Recovery Plan, this could inform areas about hopes and dreams, how things are now, ways to improve, and things to stop).

Clinical Application

- Make interpretations a two-way therapeutic conversation that explores what matters most to the client.
- Clarify that scores are **not used to make service decisions** (e.g., reducing services or rehospitalization); they help clinicians to understand the client’s perspective and offer a holistic picture of the client’s quality of life to inform recovery planning.

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- Positivity and engagement build trust.
- Build trust through transparency. Discuss results with curiosity and care, showing genuine interest rather than treating it as a checklist task. Always share results with clients – withholding them can lead to mistrust, disappointment, and reduced motivation.
- Be aware of your own assumptions and biases; remain flexible and responsive to diverse perspectives.

STEP 6: Collaborate on Recovery Planning

- Use WHOQOL scores as a starting point—not a conclusion. Scores highlight potential areas of concern and offer insight into what may matter to clients but should never guide recovery planning in isolation.
- Discuss results with the client to identify and agree on goals, combining WHOQOL insights with other clinical assessments (e.g., HoNOS and MHSU Initial Assessment) for a holistic, person-centred approach to recovery. WHOQOL is a relational tool and should be used alongside other assessments to provide a comprehensive understanding of health and well-being.
- Domain scores give a general overview of QOL areas, but the lowest scores may not always reflect the client's top priorities—clarify what matters most to them. Table 2 shows the possible score ranges for each section, indicating only the minimum and maximum values.
- Confirm whether circumstances have changed since the last WHOQOL, as it reflects the past two weeks.

Clinical Application

- *Identify Areas for Intervention*: Lower section scores can signal areas where support and intervention may be needed.
- *Personalize Care*: Understanding the client's QOL experiences and priorities helps tailor recovery and treatment plans to meet their needs and goals. Clients should drive this process.
- *Monitor Progress*: Clinicians should initiate score comparisons at follow-up visits to monitor progress and assess the effectiveness of interventions/supports—not just treatment. Tracking changes over time helps both clinicians and clients understand recovery, evaluate what's working, and adjust plans as needed.

STEP 7: Documentation and Follow-up

- Enter WHOQOL results in the Paris electronic health record (Assessment Module/tab → WHO Quality of Life Assessment) and keep a paper copy in the client file. Offer a copy to the client.
- In case notes, document whether assistance was provided, if completed in one sitting or over multiple sessions, and summarize the results discussion.
- Develop, review, and update the My RCSS Recovery Plan with the client and document in Paris.
- Follow-up as needed and repeat the WHOQOL at least every 6 months (sooner if indicated) and at the end of service (Appendix A).
- Consider results when assessing transition readiness; share with GP per the Transition Guidelines at the end of service.

Tailor the Process

- Ideally, ask clients to complete the entire WHOQOL at one time (Appendix A), but a one-size-fits-all approach does not work for every client.
- Adjust your approach, pace, and focus to meet each individual's needs while keeping the therapeutic relationship and focus goals central.
- The intent is to eventually complete the WHOQOL to inform recovery planning and monitor progress over time.

Clinical Application

- *If clients are not ready or seem hesitant*, then be patient and flexible by adjusting the timing and approach based on client comfort and trust. For example, you can introduce it gradually, focus on just a few sections at a time, revisit later, or weave questions into a natural conversation. Since it captures the client's life over the past two weeks, document any modifications in the case notes.

- *If clients are not engaging*, then lead with curiosity and care. Not every client will be ready to engage with the tool right away. Use the WHOQOL as a conversation starter to understand and support the client's journey, not a task to complete. Positivity and genuine interest increase engagement. If clients resist, pause, revisit later, or modify your approach while maintaining trust. Document this in the case notes.

- *If clients don't like it or it feels too intrusive*, then explain how the WHOQOL is a tool to support recovery and create a safe, respectful space for sharing.

- *If clients need more time*, either finish at their follow-up visits or send a copy home and review at the next visit. Retain a copy for clients' records and document modifications in the case notes. Provide clients with the QOL educational materials found in the FHA Patient Education Catalogue.

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- *If clients worry about how the information will be used*, reassure clients and clarify that responses help you understand their perspective and guide recovery planning, not judgment or service decisions based on scores.
- *If the process feels time-consuming*, then start small. Begin with one or two clients to build clinician comfort with the process/workflow and client involvement.
- *If it seems to increase your workload*, integrate, don't add on. Align the WHOQOL with existing clinical assessments and recovery planning tools to reduce duplication and streamline documentation.

Key Equity Considerations

- *Understand standardization limits*: Standardized wording and scales (response options) do not guarantee standardized meaning or interpretation.[2]
- *Variability in perceptions*: QOL is subjective; scores can differ widely even among similar populations.[1]
- *Cultural sensitivity*: WHOQOL may not equally reflect perspectives from diverse cultures, traditions, or life experiences.[1]
- *Contextual differences*:
    - Certain topics (e.g., sexuality, spirituality, and finances) may be sensitive; responses can be guarded in some cultural contexts.
    - Anticipate differences across age groups and genders (e.g., pain perception).
- *Risk of misrepresentation*: WHOQOL assumes uniform meaning for all responses, which can obscure the lived experience of diverse individuals and reinforce health inequities.[1]
- *Equitable People-Centred Health Measurement* (website) is an approach to health assessment that ensures fairness and individualization by assessing health status and quality of life that reflects the diverse needs, values, and circumstances of individuals.

Clinical Application[3]

- *Interpret scores in context*: Consider the individual's culture, values, life experiences, and personal goals when reviewing results. The WHOQOL requires understanding these contextual elements.
- *Engage in ongoing dialogue*: Use WHOQOL responses to start and sustain conversations that clarify meanings and explore what matters most to the client.
- *Practice openness and reflexivity*: Be aware of your own assumptions and biases; remain flexible and responsive to diverse perspectives.

Questions for Reflection

☐ Could the WHOQOL questions be understood differently by different people? What might influence those interpretations?

☐ When using the WHOQOL, what assumptions might you hold about the wording the questions, their meanings, or even about the client? How could those assumptions influence your interpretation?

☐ What aspects of diverse experiences might the WHOQOL fail to capture, and why do you think these gaps exist?

☐ Why might it be challenging for a client to explain what their answers truly mean? What factors could make this difficult?

☐ If a client uses words that do not align with the WHOQOL questions, how might that influence your thinking or approach?

☐ How might social determinants of health, such as class, race, ethnicity, gender, income, or other identities, influence how clients respond to QOL assessment tools? How do these factors intersect with your own context?

Information to Aid Interpretation and Client Discussions

Use Table 4 to:

- Explain the questions to clients if they need support or assistance completing the WHOQOL.
- Better understand client responses and interpret scores.
- Discuss the results with clients to create the recovery plan that fits the person's needs.

Understanding the Sections

Interpreting WHOQOL scores means translating them into meaningful insights about a client's well-being and using those insights to guide clinical decision-making/judgment.

Each section (area/domain) includes questions (items) that together reflect different aspects of quality of life.

1. *General*: Two questions about an overall sense of the client's quality of life and health status.
2. *Physical Health*: Assesses aspects like pain, energy levels, sleep quality, and ability to perform daily activities. Clinicians can use this information to identify potential physical limitations or discomfort impacting the client's life.
3. *Psychological Health*: Explores self-esteem, negative feelings, positive attitudes, and cognitive abilities. It helps clinicians gauge the client's emotional state and mental well-being.
4. *Social Relationships*: Examines the quality of personal relationships, social support, and sexual activity. Clinicians can use this to understand the client's social support network and potential social isolation.
5. *Environmental Health*: Covers aspects like financial resources, safety, access to healthcare and transportation, and recreation opportunities. Clinicians can use this to assess the client's living conditions and access to resources.

Understanding the Assessment Questions

WHOQOL focuses on the **whole person** and their **overall well-being**, not on specific medical details such as medications or pain scores.

Table 4 organizes WHOQOL questions by section (domain/area) and labels each with its original question number from the FHA form (e.g., Q15 = mobility, which belongs to Domain 2: Physical). This helps clinicians identify which questions fall under each domain, since the form does not list them in domain order. *"Q"* means Question.

Table 4. Description of each question in the WHOQOL

	General Questions (two questions)
Q1	**Overall quality of life**: Assesses a person's overall perception of his/her/their quality of life.
Q2	**Health**: Assesses a person's general perception of his/her/their health.
	Domain 2: Physical (seven questions)
Q3	**Pain and discomfort**: Assesses unpleasant physical sensations (e.g., stiffness, aches, long-term or short-term pain, or itches) a person may experience. It explores how much these sensations bother a person and how they affect his/her/their quality of life. It also considers how much control the person feels they have over the pain and how easily they can find relief. Even if a person is not currently in pain, the fear or expectation of pain can still impact his/her/their quality of life. If a person report being in pain, it is considered present—even if there is no medical explanation.
Q4	**Dependence on medication or treatments**: Assesses a person's need for medication, alternative therapies (e.g., mindfulness practices or peer support groups), and non-pharmacological medical interventions (e.g., counseling, cognitive-behavioral therapy, or harm reduction strategies) to support his/her/their physical and psychological well-being. Medications may negatively affect quality of life in some cases (e.g., side effects of antidepressants or antipsychotics), while in others they may enhance it (e.g., medication-assisted treatment for substance use or mood stabilization for bipolar disorder).
Q10	**Energy and fatigue**: Assesses a person's energy, enthusiasm, and endurance to perform daily tasks and chosen activities (e.g., attending therapy, engaging in social connections, or practicing coping strategies). This ranges from disabling tiredness to feeling fully alive. Tiredness may result from various causes (e.g., depression, anxiety, trauma, substance withdrawal, or side effects of psychiatric medication).
Q15	**Mobility**: Assesses the person's view of his//they ability to move from one place to another—around the home, workplace, or to and from transportation services—without assistance, regardless of the means used or any impairments. The assumption is made that when a person is significantly dependent on another for his/her/their mobility, it is likely to adversely affect their quality of life.
Q16	**Sleep and rest**: Assesses whether sleep is disturbed for any reason, such as the person or his/her/their environment. Sleep problems might include difficulty falling asleep, waking up during the night, waking early and being unable to return to sleep, and feeling unrefreshed after sleep.

Q17	**Activities of Daily Living**: Assesses a person’s ability to perform usual living activities (e.g., self-care, prepare meals, attend therapy sessions, or maintain a safe living environment) which he/she/they are likely to need on a day-to-day basis. This also includes the degree to which the person depends on help from others.
Q18	**Working capacity**: Assesses a person’s use of his/her/their energy and ability to perform work rather than how he/she/they feel about the work, its type, or the work environment. "Work" refers to any major activity in which the person is engaged (e.g., paid or unpaid work, volunteering, pursuing education, caring for family/children, or managing recovery routines).
	Domain 3: Psychological (six questions)
Q5	**Positive feelings**: Assesses how much a person experiences positive feelings of contentment, balance, peace, happiness, hopefulness, joy, and enjoyment of the good things in life. A person’s view of, and feelings about, the future are important.
Q6	**Spirituality/religion/personal beliefs**: Assesses personal beliefs and how these affect quality of life. This might be by helping the person cope with difficulties in his/her/their life, giving structure to experience, ascribing meaning to spiritual and personal questions, and more generally providing the person with a sense of well-being. The question is framed to understand the person’s beliefs that may include (but are not limited to) religious, cultural, spiritual, or personal values that influence coping and recovery.
Q7	**Thinking, learning, memory, and concentration**: Assesses a person’s view of his/her/their thinking, learning, memory, concentration, and ability to make decisions.
Q11	**Body image and appearance**: Assesses a person’s view of his/her/their body. This includes whether the appearance of the body is seen positively or negatively (i.e., body image), the person’s satisfaction with the way he/she/they look, and the effects on self-concept.
Q19	**Self-esteem**: Assesses how a person feels about themselves (e.g., sense of worth, feelings of self-efficacy, satisfaction with oneself and control, sense of dignity, and self-acceptance). This may include feelings about his/her/themselves in a range of areas: ability to get along with others; educational achievements; capacity to change or accomplish tasks and behaviours; and family relationships.
Q26	**Negative feelings**: Assesses how much a person experiences negative feelings (e.g., hopelessness, guilt, sadness, tearfulness, despair, nervousness, anxiety, and loss of interest and pleasure in life), including how distressing these feelings are and their impact on daily functioning.
	Domain 3: Environment (eight questions)
Q8	**Physical safety and security**: Assesses a person’s sense of safety and protection from physical harm, including emotional and psychological. Threats to safety or security can originate from any source (e.g., domestic violence, stigma, discrimination, unsafe housing, or environments that trigger substance use). This also considers the extent to which the person believes resources (e.g., crisis support, peer networks, or community services) are available that currently protect—or could potentially protect—their sense of safety and security.

Q9	**Physical environment (pollution/noise/traffic/climate)**: Assesses a person’s view of his/her/their environment (e.g., noise, pollution, water and toilet availability, neighborhood stressors, and overall comfort) and whether this serves to improve or adversely affect quality of life.
Q12	**Financial resources**: Assesses the person’s view of his/her/their financial resources and exchangeable resources to meet the needs for a healthy and comfortable lifestyle. Focuses on what a person can or cannot afford and the feeling of having enough to support recovery (e.g., ability to pay for therapy, medications, transportation to appointments, or safe housing).
Q13	**Opportunities for acquiring new information and skills**: Assesses a person’s opportunity and desire to learn new skills, acquire new knowledge, and stay informed about current events (e.g., world, national, local news, or community updates) or topics that support recovery and well-being (e.g., mental health education, coping strategies, community resources). These opportunities may include formal education programs, adult learning classes, vocational training, peer-led recovery groups, or recreational activities, whether in group settings or individually (e.g., reading, creative arts, or mindfulness classes).
Q14	**Participation in and opportunities for recreation and leisure**: Assesses a person’s ability, opportunities, and inclination to participate in all forms of leisure, relaxation, and restorative activities (e.g., connecting with supportive friends, attending recovery groups, practicing mindfulness, engaging in creative hobbies, or simply resting). These activities can play a vital role in reducing stress, supporting emotional regulation, and promoting recovery.
Q23	**Home Environment**: Assesses the primary place where a person lives (e.g., where they usually sleep and keep most of their belongings) and the immediate neighbourhood, as well as how these factors affect his/her/their life. The quality of a home is assessed based on being comfortable, affording a safe place to reside, crowdedness, amount of space, cleanliness, privacy, facilities available (e.g., electricity, toilet, running water, and secure space), and construction of the building (e.g., roof leaking and damp). This assessment also applies to individuals who do not live in one place with family (e.g., refugees and those living in shelters, institutional settings, or transitional housing) or those experiencing homelessness. For individuals with mental health or substance use challenges, additional considerations include whether the environment supports recovery (e.g., absence of triggers, access to supportive relationships, and stability).
Q24	**Health and social care: availability and quality**: Assesses the person’s view of health and social services in their area/vicinity, including the availability and accessibility of mental health and substance use supports. This includes the quality and completeness of care received or expected (e.g., counseling, medication-assisted treatment, crisis intervention), volunteer- or peer-led community support, and the ease or difficulty of accessing these health and social services.
Q25	**Transport (e.g., bicycle, car, and bus)**: Assesses the person’s view of how available or easy it is to find and use transport services to perform necessary tasks of daily life and recovery-related activities (e.g., attending therapy sessions, support groups, medical appointments, or accessing community resources), and have freedom to perform chosen activities.

	Domain 4: Social relationships (three questions)
Q20	**Personal relationships**: Assesses the extent to which people experience companionship, emotional support, and love through intimate relationships (e.g., ability and opportunity to give and receive love, share moments of happiness and distress, and engage in emotional and physical closeness (e.g., hugging or touching). It also considers satisfaction with these relationships and any challenges related to caregiving responsibilities. Includes the extent to which people feel they can share moments of happiness and distress with loved ones, and how much satisfaction a person gets from, or has problems managing the burdens of caring for others. All types of loving relationships are included (e.g., close friendships, marriages, family bonds, and heterosexual and homosexual partnerships). Note: This component may overlap with aspects of sexual intimacy addressed under *Sexual Activity*.
Q21	**Sexual activity**: Assesses a person's urge, desire, and drive for sex fulfillment and sexual expression (e.g., ability to express and enjoy his/her/their sexual desire appropriately). In some cultures, this component may also encompass fertility and having children. Sexual orientation and specific practices are not considered central to this assessment. It is recognized that some individuals report little or no sexual desire without this negatively affecting their quality of life. Asking about sexual activity can be sensitive, and responses may be guarded in specific cultural contexts. Differences in answers are anticipated across age groups and genders.
Q22	**Social support**: Assesses how much a person feels the commitment, approval, practical assistance, encouragement, and support from family and friends, including reliance on them during crises. This includes how much family and friends share in responsibility and work together to solve problems. This component acknowledges that family and friends can also play a negative role, such as through stigma, enabling harmful behaviors, or emotional, verbal, or physical abuse.

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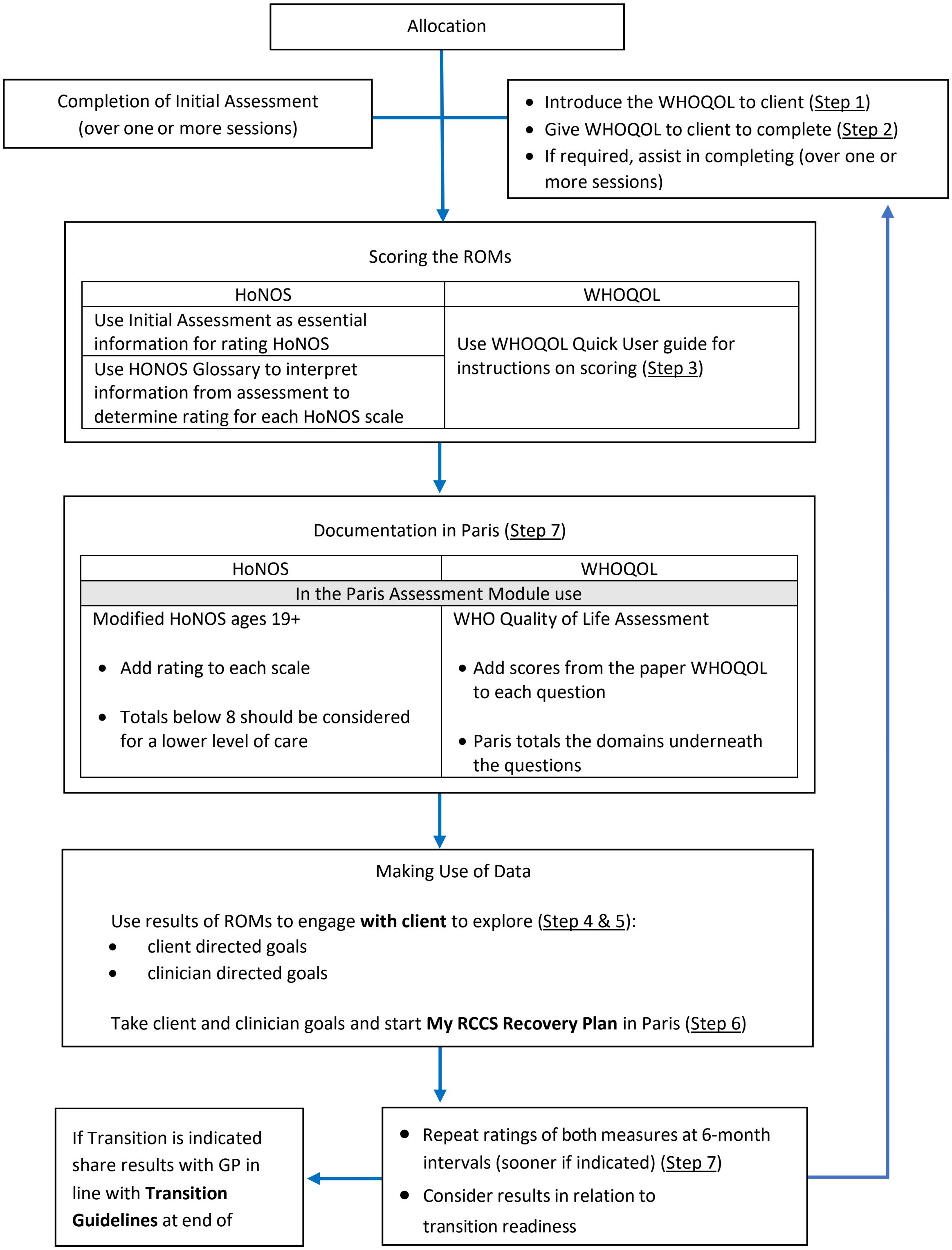
Appendix A: Suggested Workflow for Routine Outcome Measures and PARIS Documentation

This workflow represents the **typical and recommended approach** for integrating WHOQOL into client consultations. While it provides structure, some clients may require modifications to the process.



Allocation

Completion of Initial Assessment (over one or more sessions)

- Introduce the WHOQOL to client (Step 1)
- Give WHOQOL to client to complete (Step 2)
- If required, assist in completing (over one or more sessions)

Scoring the ROMs

HoNOS	WHOQOL
Use Initial Assessment as essential information for rating HoNOS	Use WHOQOL Quick User guide for instructions on scoring (Step 3)
Use HONOS Glossary to interpret information from assessment to determine rating for each HoNOS scale	

Documentation in Paris (Step 7)

HoNOS	WHOQOL
In the Paris Assessment Module use	
Modified HoNOS ages 19+ • Add rating to each scale • Totals below 8 should be considered for a lower level of care	WHO Quality of Life Assessment • Add scores from the paper WHOQOL to each question • Paris totals the domains underneath the questions

Making Use of Data

Use results of ROMs to engage **with client** to explore (Step 4 & 5):

- client directed goals
- clinician directed goals

Take client and clinician goals and start **My RCCS Recovery Plan** in Paris (Step 6)

- Repeat ratings of both measures at 6-month intervals (sooner if indicated) (Step 7)
- Consider results in relation to transition readiness

If Transition is indicated share results with GP in line with **Transition Guidelines** at end of

Note: The HoNOS & WHOQOL are minimum required ROMs for Adult Mental Health Centre Teams. Other ROMs may be utilised according to programme/team i.e., PHQ-9 or GAD-7. Check with local leadership for guidance.

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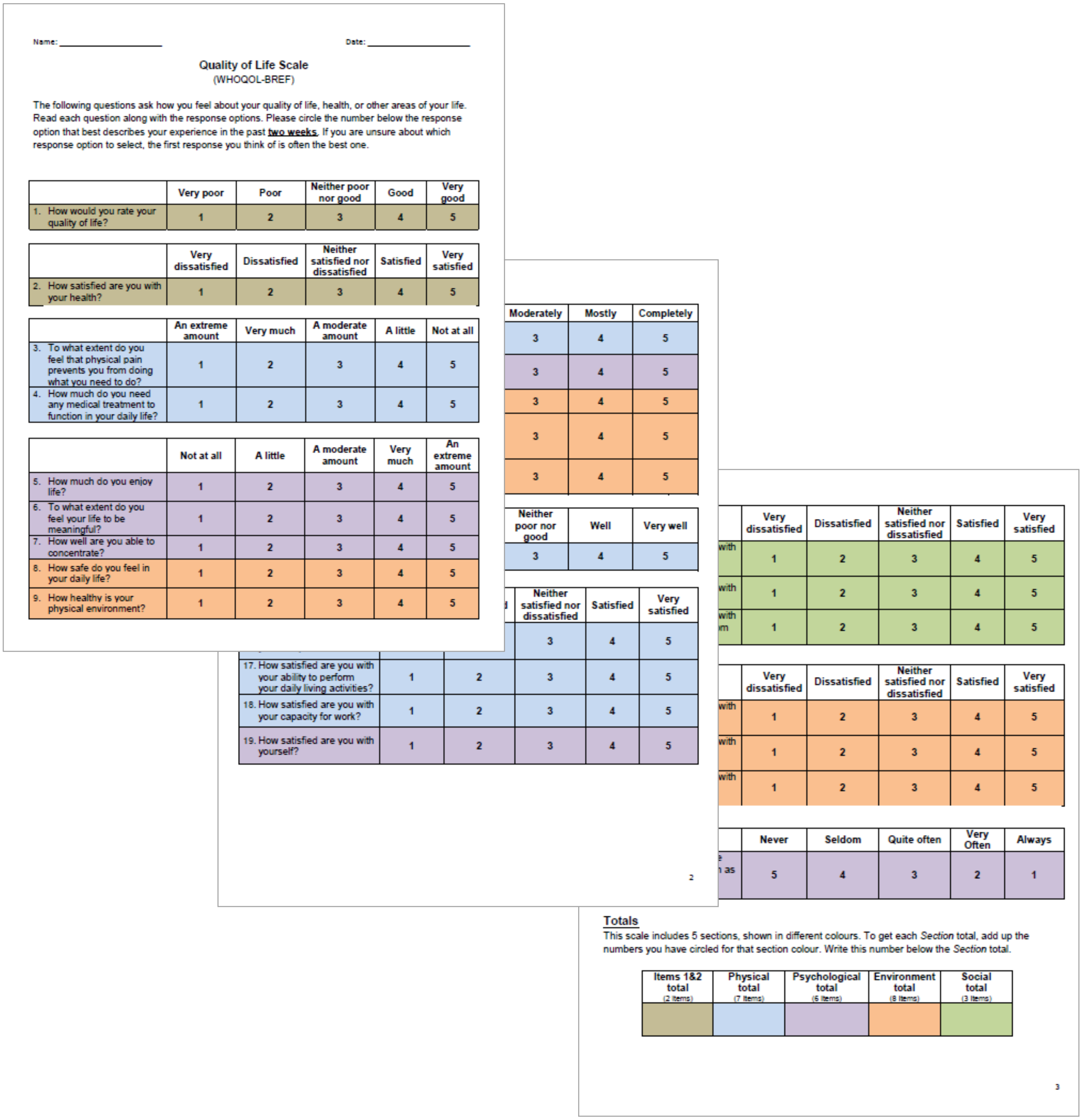
Appendix B: FHA WHOQOL Form



Name: ____________________ Date: ____________________

Quality of Life Scale
(WHOQOL-BREF)

The following questions ask how you feel about your quality of life, health, or other areas of your life. Read each question along with the response options. Please circle the number below the response option that best describes your experience in the past **two weeks**. If you are unsure about which response option to select, the first response you think of is often the best one.

	Very poor	Poor	Neither poor nor good	Good	Very good
1. How would you rate your quality of life?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
2. How satisfied are you with your health?	1	2	3	4	5

	An extreme amount	Very much	A moderate amount	A little	Not at all
3. To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
4. How much do you need any medical treatment to function in your daily life?	1	2	3	4	5

	Not at all	A little	A moderate amount	Very much	An extreme amount
5. How much do you enjoy life?	1	2	3	4	5
6. To what extent do you feel your life to be meaningful?	1	2	3	4	5
7. How well are you able to concentrate?	1	2	3	4	5
8. How safe do you feel in your daily life?	1	2	3	4	5
9. How healthy is your physical environment?	1	2	3	4	5

Moderately	Mostly	Completely
3	4	5
3	4	5
3	4	5
3	4	5
3	4	5

Neither poor nor good	Well	Very well
3	4	5

			Neither satisfied nor dissatisfied	Satisfied	Very satisfied
			3	4	5
17. How satisfied are you with your ability to perform your daily living activities?	1	2	3	4	5
18. How satisfied are you with your capacity for work?	1	2	3	4	5
19. How satisfied are you with yourself?	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
with	1	2	3	4	5
with	1	2	3	4	5
with m	1	2	3	4	5

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
with	1	2	3	4	5
with	1	2	3	4	5
with	1	2	3	4	5

	Never	Seldom	Quite often	Very Often	Always
e n as	5	4	3	2	1

Totals

This scale includes 5 sections, shown in different colours. To get each *Section* total, add up the numbers you have circled for that section colour. Write this number below the *Section* total.

Items 1&2 total (2 Items)	Physical total (7 Items)	Psychological total (6 Items)	Environment total (8 Items)	Social total (3 Items)

You are asked to think about your life over the last two weeks. For example, thinking about the last two weeks, a question might ask:

	Not at all	Not much	Moderately	A great deal	Completely
Do you get the kind of support from others that you need?	1	2	3	4	5

You should **CIRCLE** the number that best fits how much support you got from others over the last two weeks.

So, you would circle the number 4 if you got a great deal of support from others, as follows. You would circle number 1 if you did not get any of the support that you needed from others in the last two weeks.