

Quality of Life

Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole?

0 (No satisfaction at all)	1	2	3	4	5	7	8	9	10 (Completely satisfied)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Siebens, H. C., Tsukerman, D., Adkins, R. H., Kahan, J., & Kemp, B. (2015). Correlates of a single-item quality-of-life measure in people aging with disabilities. *American Journal of Physical Medicine & Rehabilitation*, 94(12), 1065–1074. <https://doi.org/10.1097/PHM.0000000000000298>

Client Code: _____

Assessor: _____

Date: _____