



Fraser Valley Brain Injury Association

Life Satisfaction, Mental Health and Community Integration Questionnaires

- **Part One: Life Satisfaction** (*credit: By Ed Diener, Ph.D.*)
- **Part Two: Mental Health** (*reference: Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. J Gen Intern Med. 2001;16(9):606-613*)
- **Part Three: Community Integration** (*credit: Shirley Ryan AbilityLab: <https://www.sralab.org/rehabilitation-measures/community-integration-questionnaire>*)

All responses will be kept confidential, and no personal information is collected. Results will be used for program impact assessment only.

Please return your completed questionnaire info@fvbia.org or to your case manager/program manager.

If you have questions or concerns about this questionnaire, please contact us at: info@fvbia.org

Part One: Life Satisfaction

Date: (yyyy/mm/dd): _____

Below are five statements. Using the 1-7 scale below, circle the number to indicate your agreement with each statement. Please be open and honest in your responses.

1. In most ways my life is close to my ideal.

Strongly Agree 1 2 3 4 5 6 7 Disagree

2. The conditions of my life are excellent.

Strongly Agree 1 2 3 4 5 6 7 Disagree

3. I am satisfied with life.

Strongly Agree 1 2 3 4 5 6 7 Disagree

4. So far I have gotten the important things I want in life.

Strongly Agree 1 2 3 4 5 6 7 Disagree

5. If I could live my life over, I would change almost nothing.

Strongly Agree 1 2 3 4 5 6 7 Disagree

End of Part One.

Part Two: Mental Health

Date (yyyy/mm/dd): _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Having little interest or pleasure in doing things

- Not at all
- Several days
- More than half the days
- Nearly every day

2. Feeling down, depressed, or hopeless

- Not at all
- Several days
- More than half the days
- Nearly every day

3. Trouble falling or staying asleep, or sleeping too much

- Not at all
- Several days
- More than half the days
- Nearly every day

4. Feeling tired or having little energy

- Not at all
- Several days
- More than half the days
- Nearly every day

5. Poor appetite or overeating

- Not at all
- Several days
- More than half the days
- Nearly every day

6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down

- Not at all
- Several days
- More than half the days
- Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

- Not at all
- Several days
- More than half the days
- Nearly every day

8. Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual

- Not at all
- Several days
- More than half the days
- Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way

- Not at all
- Several days
- More than half the days
- Nearly every day

Part Three: Community Integration

Date: (yyyy/mm/dd): _____

1. Who usually does the shopping for groceries or other necessities in your household?

- Yourself alone
- Yourself and someone else
- Someone else

2. Who usually prepares meals in your household?

- Yourself alone
- Yourself and someone else
- Someone else

3. In your home who usually does the everyday housework?

- Yourself alone
- Yourself and someone else
- Someone else

4. Who usually cares for the children in your home?

- Yourself alone
- Yourself and someone else
- Someone else
- Not applicable (no children under 17 years in the household)

5. Who usually plans social arrangements such as get-together's with family and friends?

- Yourself alone
- Yourself and someone else
- Someone else

6. Who usually looks after your personal finances, such as banking or paying bills?

- Yourself alone
- Yourself and someone else
- Someone else

7. Approximately how many times a month do you usually participate in shopping *outside* your home?

- Never
- 1 - 4 times per month
- 5 or more times per month

8. Approximately how many times a month do you usually participate in leisure activities such as movies, sports, restaurants, etc.

- Never
- 1 - 4 times per month
- 5 or more times per month

9. Approximately how many times a month do you usually visit your friends or relatives?

- Never
- 1 - 4 times per month
- 5 or more time per month

10. When you participate in leisure activities, do you usually do this alone or with others?

- Mostly alone
- Mostly with friends who have head injuries
- Mostly with family members
- Mostly with friends who do not have head injuries
- With a combination of family and friends

11. Do you have a best friend with whom you confide

- Yes
- No

12. How often do you travel outside the home?

- Almost every day
- Almost every week
- Seldom/never (less than once per week)

13. Please choose the answer that best corresponds to your current (during the past month) work situation:

- Full-time (more than 20 hours/week)
- Part-time (less than or equal to 20 hrs/week)
- Not working, but actively looking for work
- Not working, not looking for work
- Not applicable, retired due to age

14. Please choose the answer that best corresponds to your current (during the past month) school or training program situation:

- Full-time
- Part-time
- Not attending school, or training program
- Not applicable, retired due to age

15. In the past month, how often did you engage in volunteer activities?

- Never
- 1 - 4 times
- 5 or more times

16. Additional Comments: