

APPENDIX D
Quality of Life Profile

Name: _____ **Date:** _____

Filling out this questionnaire is an important part of each BioScan™ Profile. It represents a way of measuring your responses to nutritional medicine treatment in terms of your quality of life issues. Following is a list of statements that other people with similar conditions have said are important.

Please circle or mark one number per line to indicate your response as it applies to the past 7 days. Please mail to Simple Health.

Thank You!

	Physical Well-Being	Not at all	A little bit	Some-what	Quite a bit	Very Much
1	I have a lack of energy	0	1	2	3	4
2	I have nausea	0	1	2	3	4
3	I have pain	0	1	2	3	4
4	I feel ill	0	1	2	3	4
5	I am forced to spend time in bed	0	1	2	3	4
6	I am bothered by side effects of conventional treatment	0	1	2	3	4
7	Because of my physical condition, I have trouble meeting the needs of my family	0	1	2	3	4
	Social/Family Well-Being	Not at all	A little bit	Some-what	Quite a bit	Very Much
8	I feel close to my friends	0	1	2	3	4
9	I get support from my friends	0	1	2	3	4
10	I get emotional support from my family	0	1	2	3	4
11	My family has accepted my illness	0	1	2	3	4
12	I am satisfied with family communication about my illness	0	1	2	3	4
13	I feel close to my partner (or the person who is my main support)	0	1	2	3	4

Quality of Life Profile, cont'd

Emotional Well-Being		Not at all	A little bit	Some-what	Quite a bit	Very Much
14	I feel sad	0	1	2	3	4
15	I feel nervous	0	1	2	3	4
16	I am satisfied with how I am coping with my illness	0	1	2	3	4
17	I am losing hope about recovering from my illness	0	1	2	3	4
18	I worry that my condition will get worse	0	1	2	3	4
19	I worry about dying	0	1	2	3	4
Functional Well-Being		Not at all	A little bit	Some-what	Quite a bit	Very Much
20	I am able to work (include work at home)	0	1	2	3	4
21	My work (include work at home) is fulfilling	0	1	2	3	4
22	I am able to enjoy life	0	1	2	3	4
23	I have accepted my illness	0	1	2	3	4
24	I am sleeping well	0	1	2	3	4
25	I am enjoying the things I usually do for fun	0	1	2	3	4
26	I am content with a quality of life right now	0	1	2	3	4
What else you would like to tell us about?						

Please remove this sheet carefully and mail back to Simple Health, LLC