

# The Quality Of Life Of Veterinary Residents

## The WHOQOL-BREF

### About You

Please answer a few general questions about yourself before starting the survey.

\* 1. Are you a current resident in an accredited veterinary residency in the USA?  1

Yes

No

\* 2. What specialty program are you currently enrolled in?

 0

Other (please specify)


\* 3. What is your gender?  1

Male

Female

Non- binary

Prefer not to answer

\* 4. What is your age?  1

18 to 23

24 to 29

30 to 35

36 to 41

42 to 47

48 to 53

54 to 60

61 or over

Prefer not to answer

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\* 5. What is your marital status? 🗣 0

Single

Divorced

Married

Widowed

Living as married

Prefer not to answer

Separated

\* 6. Are you currently ill? 🗣 0

Yes

No

Prefer not to answer

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This questionnaire asks how you feel about your quality of life, health, or other areas of your life. Please answer all the questions. If you are unsure about which response to give to a question, please choose the one that appears most appropriate. This can often be your first response.

Please keep in mind your standards, hopes, pleasures and concerns. We ask that you think about your life in the last two weeks. For example, thinking about the last two weeks, a question might ask:

Do you get the kind of support from others that you need?

Not at all 1

A little 2


Moderately 3

Mostly 4

Completely 5

You should choose the number that best fits how much support you got from others over the last two weeks. So you would choose the number 4 if you got a great deal of support from others.

You would choose number 1 if you did not get any of the support that you needed from others in the last two weeks.

\* 7. How would you rate your quality of life?  1

Very Poor 1	Poor 2	Neither poor nor good 3	Good 4	Very Good 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 8. How satisfied are you with your health?  0

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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### The WHOQOL-BREF

The following questions ask about **how much** you have experienced certain things in the last two weeks.

\* 9. To what extent do you feel that physical pain prevents you from doing what you need to do? 🗨️ 0

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 10. How much do you need any medical treatment to function in your daily life? 🗨️ 0

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 11. How much do you enjoy life? 🗨️ 0

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 12. To what extent do you feel your life to be meaningful? 🗨️ 0

Not at all 1	A little 2	A moderate amount 3	Very much 4	An extreme amount 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 13. How well are you able to concentrate? 🗨️ 0

Not at all 1	Slightly 2	A moderate amount 3	Very much 4	Extremely 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 14. How safe do you feel in your daily life? 🗨️ 0

Not at all 1	Slightly 2	A moderate amount 3	Very much 4	Extremely 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 15. How healthy is your physical environment? 🗨️ 0

Not at all 1	Slightly 2	A moderate amount 3	Very much 4	Extremely 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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### The WHOQOL-BREF

The following questions ask about **how completely** you experience or were able to do certain things in the last two weeks.

\* 16. Do you have enough energy for everyday life? 🗨️ 0

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 17. Are you able to accept your bodily appearance? 🗨️ 0

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 18. Have you enough money to meet your needs? 🗨️ 1

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 19. How available to you is the information that you need in your day-to-day life? 🗨️ 0

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 20. To what extent do you have the opportunity for leisure activities? 🗨️ 0

Not at all 1	A little 2	Moderately 3	Mostly 4	Completely 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 21. How well are you able to get around? 🗨️ 0

Very poor 1	Poor 2	Neither poor nor well 3	Well 4	Very well 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 22. How satisfied are you with your sleep? 🗨️ 0


Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 23. How satisfied are you with your ability to perform your daily living activities? 🗨️ 0


Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 24. How satisfied are you with your capacity for work?  0

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 25. How satisfied are you with yourself?  0

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 26. How satisfied are you with your personal relationships?  0

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 27. How satisfied are you with your sex life?  0

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 28. How satisfied are you with the support you get from your friends?  0

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


\* 29. How satisfied are you with the conditions of your living place?  0

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



\* 30. How satisfied are you with your access to health services?  0

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 31. How satisfied are you with your mode of transportation?  0

Very dissatisfied 1	Dissatisfied 2	Neither satisfied nor dissatisfied 3	Satisfied 4	Very satisfied 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


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The following question refers to **how often** you have felt or experienced certain things in the last two weeks.


\* 32. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?  0

Never 1	Seldom 2	Quite often 3	Very often 4	Always 5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 33. Did someone help you fill out this form?  0

Yes

No

\* 34. How long did it take to fill out this form?  0