

# LONG-TERM CARE QUALITY OF LIFE ASSESSMENT (LTC-QoL) © T. McDONALD 2005

No.	Health Care Practitioner: _____
Surname:	_____
Given Name:	_____
DOB:	_____
Room No.:	_____

**Quality of life** is an overall subjective feeling of well-being closely related to morale, happiness and satisfaction with life. Self-reporting is therefore given priority over proxy reporting. High quality of life can exist in a person's mind despite disability or frailty. Dementia is not an obstacle to self-reporting.

**The purpose of a Quality of Life assessment** is to measure general well-being of residents despite the presence of debilitating disease or disability. The basic elements of the assessment cover social capacity, self-efficacy, supportive relationships, mood state and the absence of fear and distress.

**Assessors acting as proxy** for those unable to report, must be familiar with the person and observed them during the assessment period. **Assessment over two consecutive weeks allows for variability.**

<b>DURING THE PAST 2 WEEK(S)</b> the person being assessed has:	DATE: ..... ASSESSOR:.....					DATE: ..... ASSESSOR:.....					
	NEVER	OCCASIONALLY (1 TO 2 TIMES)	SOMETIMES (3-4 TIMES)	OFTEN (5-6 TIMES)	ALWAYS (DAILY)	NEVER	OCCASIONALLY (1 TO 2 TIMES)	SOMETIMES (3-4 TIMES)	OFTEN (5-6 TIMES)	ALWAYS (DAILY)	
1. Participated in social activities											
2. Participated in self-care activities											
3. Participated in health enhancement programs / activities											
4. Exercised personal choices											
5. Had supportive contact with family and/or friends											
6. Expressed that they 'feel well'											
7. Related easily with others nearby											
8. Expressed that they 'feel secure'											
9. Appeared or acted happy and/or confident											
	____ x 1 = ____	____ x 2 = ____	____ x 3 = ____	____ x 4 = ____	____ x 5 = ____	____ x 1 = ____	____ x 2 = ____	____ x 3 = ____	____ x 4 = ____	____ x 5 = ____	
<b>Scoring:</b>	<u>Week 1 score</u> 9 = ____ (max 5)					<u>Week 2 score</u> 9 = ____ (max 5)					<b>(Add both scores for total score /10)</b>

<b>Comments</b> – relevant to assessment factors:	<b>TOTAL SCORE</b> _____ (max 10)
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Was the assessment completed by self or with assistance: Yes  No  **OR** by proxy assessor: (name).....