



# INTAKE FORM

Date: .....

Please, fill out this form and send it to [info@vikc.ca](mailto:info@vikc.ca)

First Name: ..... Last Name: .....

Date of Birth: ..... Current Age : .....

Male  Female If female, are you nursing?  Yes  No

Health Card number .....

Online Appointment Handle (Skype) ..... Best time to contact .....

## Contact Information

---

Address: .....

City: ..... Postal Code: .....

Home Phone: ..... Cell Phone: ..... Email: .....

## General Practitioner Information

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Name of doctor: .....

Are you seeing a specialist? .....  Yes  No

Specialist Name: ..... Date of Last Visit: .....

Reason for last visit: .....

.....

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.....

.....

Additional Notes: .....

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## Your Medical Condition and Symptoms

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### Primary Condition

Check symptoms associated with your primary condition. Check level of symptom severity.

Level 1 - not severe Level 5 - very severe

	1	2	3	4	5
Pain	<input type="checkbox"/>				
Muscle Spasms	<input type="checkbox"/>				
Mobility	<input type="checkbox"/>				
Headache	<input type="checkbox"/>				
Seizures.	<input type="checkbox"/>				
Involuntary Movements	<input type="checkbox"/>				
Anxiety	<input type="checkbox"/>				
Depression	<input type="checkbox"/>				
Concentration/Focus	<input type="checkbox"/>				
Sleeplessness	<input type="checkbox"/>				
Low Libido	<input type="checkbox"/>				
Visual Disturbance	<input type="checkbox"/>				
Weight Loss	<input type="checkbox"/>				
Lack of Appetite	<input type="checkbox"/>				
Nausea/Vomiting	<input type="checkbox"/>				
Diarrhea	<input type="checkbox"/>				
Constipation	<input type="checkbox"/>				
Medication Side Effects	<input type="checkbox"/>				
Other	<input type="checkbox"/>				

## Your Medical Condition and Symptoms

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How much does your condition affect your daily routine? Check the level of symptom severity.

Level 1 - not severe Level 5 - very severe.

1  2  3  4  5

How much does your condition affect your ability to work? Check the level of symptom severity

Level 1 - not severe Level 5 - very severe.

1  2  3  4  5



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## Current Medication

**\*Please indicate the dosage**

Medications: .....

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Drug Allergies: .....

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Do you have any other health problems? If so, please indicate below:

.....

.....

.....

.....

What therapies have you tried? Check all that apply and check the degree of effectiveness

1 - Not effective / 5 - Very effective

	1	2	3	4	5
Physiotherapy	<input type="checkbox"/>				
Chiropractic	<input type="checkbox"/>				
Naturopathic/Homeopathic	<input type="checkbox"/>				
Counselling/Psychotherapy	<input type="checkbox"/>				
Therapeutic Injections	<input type="checkbox"/>				
Acupuncture	<input type="checkbox"/>				
Hospitalizations	<input type="checkbox"/>				
Electroconvulsive Therapy	<input type="checkbox"/>				



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Have you ever been diagnosed with dependence on any drug, prescribed or otherwise?  Yes  No

If so, what drug(s) and how long?

.....  
.....  
.....  
.....

If you currently use tobacco products or have done so in the past, please provide a history.

.....  
.....  
.....  
.....

If you currently use alcohol have done so in the past, please provide a history.

.....  
.....  
.....  
.....

If you currently use recreational drugs or have done so in the past, please provide a history.

.....  
.....  
.....  
.....

Have you suffered from a psychiatric illness in the past or currently?  Yes  No

If so, what and when? .....

Have you previously used psychedelics for symptom relief?  Yes  No

If so, what and when? .....

Have you ever been prescribed cannabis?  Yes  No

If so, what and when? .....





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## Quality Of Life Enjoyment And Satisfaction Questionnaire

### PRE-TREATMENT

This questionnaire is designed to help assess the degree of enjoyment and satisfaction experienced during the past week.

#### GENERAL ACTIVITIES

#### OVERALL LEVEL OF SATISFACTION

**Taking everything into consideration, during the past week**

**how satisfied have you been with your ...**

**1 2 3 4 5**

... physical health?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... mood?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... work?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... household activities?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... social relationships?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... family relationships?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... leisure time activities?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... ability to function in daily life?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... sexual drive, interest and/or performance?\*

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... economic status?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... living/household situation?\*

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

.. ability to get around physically without feeling dizzy or unsteady or falling

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... your vision in terms of ability to do work or hobbies?\*

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... overall sense of well being?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

... medication? (if not taking any, check here \_\_\_\_\_ and leave item blank)

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

How would you rate your overall life satisfaction and contentment during the past week?

<input type="checkbox"/>				
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

\* If satisfaction is very poor, poor or fair on these items, please UNDERLINE the factor(s) associated with a lack of satisfaction.

### Scoring:

The Total Score is reported as percentage maximum possible % Max = Raw-minimum score/maximum score-minimum score. (Raw score minus the minimum possible raw score divided by the maximum possible raw score minus the minimum possible raw score).

If items are left blank the maximum and minimum scores must be modified to reflect the number of items scored.

The 1/3 rule is usually used for excluding subjects who have no scores for 1/3 of the items. At times some investigators may apply more stringent or less stringent rules.

TOTAL

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## Opiod Risk Tool

**Check each number that applies and add up the total.**

This questionnaire is designed to help assess the degree of enjoyment and satisfaction experienced during the past week.

Circle each number that applies	Female	Male
<b>Family history of substance abuse</b>		
Alcohol	1 <input type="checkbox"/>	3 <input type="checkbox"/>
Illegal drugs	2 <input type="checkbox"/>	3 <input type="checkbox"/>
Rx drugs	4 <input type="checkbox"/>	4 <input type="checkbox"/>
<b>Personal history of substance abuse</b>		
Alcohol	3 <input type="checkbox"/>	3 <input type="checkbox"/>
Illegal drugs	4 <input type="checkbox"/>	4 <input type="checkbox"/>
Rx drugs	5 <input type="checkbox"/>	5 <input type="checkbox"/>
Age between 16–45 years	1 <input type="checkbox"/>	1 <input type="checkbox"/>
History of preadolescent sexual abuse	3 <input type="checkbox"/>	0 <input type="checkbox"/>
<b>Psychological disease</b>		
ADD, OCD, bipolar, schizophrenia	2 <input type="checkbox"/>	2 <input type="checkbox"/>
Depression	1 <input type="checkbox"/>	1 <input type="checkbox"/>

TOTAL

Signature: .....

Name: .....

Date Signed: .....



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## Patient Informed Consent Waiver

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### Overview

Ketamine is a dissociative class compound, with an FDA schedule III designation. It is indicated for and commonly used as an anesthetic medication. Ketamine has been found to be helpful for treating depression, even in individuals who have not responded to other interventions. It has a unique effect, in that it can work very rapidly, with individuals frequently seeing improvement in their depression within hours. However, ketamine response is not guaranteed and even in responders, there can be a high rate of relapse back to the depressed, state, even with repeat dosing that increase over time.

The ongoing beneficial effects of ketamine that can be realized include general mood improvement, lessening of anhedonia and reduction/resolution of suicidal ideation. Improvements to levels of anxiety and behavioral pattern of sleep, appetite and energy can also be realized. Ketamine has also demonstrated benefit in anxiety conditions, including PTSD, and may yield gains to patterns of obsessive thinking or rumination. Coupling these biological effects with psychotherapy and behavioral change is designed to maximize benefit and sustained gains.

### Off-label Use

Ketamine does not have an indication for treatment of depression, anxiety of any other psychiatric condition by the FDA. Therefore, the provision of ketamine for these conditions is an 'off-label' use. This is a legal prescribing practice and occurs quite commonly - up-to 20% of medication in the US, by some measures. For example, the use of tricyclic antidepressants for pain, or stimulants for depression with a profound neuro-vegetative component.

### Mechanism

Most clearly, ketamine operates on a receptor level as NMDA antagonist and regulate the availability of the neurotransmitter glutamate in the brain. The antidepressant effect appears to be mediated by downstream signal effects of AMPA receptors. A variety of other receptors are targeted and contribute to the acute and ongoing effects of treatment.

### Route of Administration

Ketamine can be administered in a variety of ways: via an intravenous ketamine infusion (IV), an intramuscular injection (IM), a subcutaneous injection (SC) intranasally, sublingually and orally as a dissolving troche or oral dissolving tablet. Routes vary in the onset of action, bioavailability and clearing time through the system for each individual. While there is generally a predictable response based on past administration, it is possible that patient maybe experience variable physiological and subjective experiences with the same dose.

Route	Bioavailability	Onset
IV	100%	1 min.
IM	93%	1 - 5 min.
Nasal	25 - 50%	30 min.
Oral	17 - 24%	< 30 min.
Sublingual	24 - 30%	< 15 min.

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Ketamine has a half-life is 2.5 hours. First stage metabolism is 10-15minutes It is excreted through the kidneys. A small percentage is unchanged. The majority is converted into longer metabolites, such at hydroxy orketamine (HNK), which is felt to mediate the antidepressant effects and can be detected in the urine for up to a week after treatment.

## Dosing Protocols

There are a variety of dosing protocols in practice. Much research and attention has been focused on the provision of 0.5mg/kg of ketamine by IV infusion over 45 minutes, in a repeated series consisting of 2/week for 3 weeks. Other described protocols include provision of a single infusion, daily or weekly dosing – by IV, IM or oral routes of administration.

There is significant ongoing research into the initial and maintenance protocol to define optimal response. Much attention is focused on the maintenance of response, noting that the drop off in response can approach 90% following a positive response. Combining psychotherapy with ketamine dosing serves to prolong effect by addressing behavioral and psychological factors that can perpetuate depression, anxiety and other distress states.

## Effect

Ketamine effects can be designated as occurring at time of dosing – acute, and ongoing – beyond the time it takes for ketamine to metabolize physically, noting that longer acting metabolites persist up to a week. The acute subjective effects of ketamine dosing can range from sub-perceptual disturbances in cognitive processing and body sensation to full dissociative states in which one feels separate from the body and thoughts dissolve fully. Research evidence suggests that some level of dissociation may be correlated with treatment response for depression.

These experiences are classified as non-ordinary states of consciousness, and may represent novel experiences for patients. It is possible that some patient may experience a departure from their usual mind and physical state as challenging or unsettling in the moment. The treatment environment, supportive therapist stance and dosing protocol is designed to optimize the positive nature of the subjective experiences. Initial dosing (ie. 50-100mg oral ketamine) is designed to place patients in ‘trance’ state that is often described as a “glass of wine effect”. Patients are given an option to increase the dose by taking an additional oral dose of 50-100mg.

A more comprehensive description of dosing ranges and effects is listed below. Ketamine Psychedelic Psychotherapy: Focus on its Pharmacology, Phenomenology, and Clinical Application: Journal of Transpersonal Studies. Volume 33. Issue 2.

State	Features	Typical Ketamine Dose	Durartion
Empathogenic Experience	Awareness of body; comfort and relaxation; reduced ego defenses; empathy, compassion, and warmth; love and peace; euphoria; mind is dreamy with non-specific colorful visual effects	Low sub-psychedelic dose similar to that used for anxiolysis and/or analgesia (0.25 mg/kg – 0.5 mg/kg IM, or 25 – 50 mg IM)	45-60 mins
Out-of-Body Experience (OBE)	Complete separation from one’s body; significantly diminished ego defenses; visits to mythological realms of consciousness; encounters with non-terrestrial beings; emotionally intense visions (e.g., deceased relatives, spirits); vivid dreams of past and future incarnations; re-experiencing the birth process	Medium psychedelic dose such as that used for mild conscious dissociative sedation (0.75 mg/kg –1.5 mg/kg IM, or 75 mg – 125 mg IM)	45-60 mins
Near-Death Experience (NDE)	Departure from one’s body; complete ego dissolution/loss of identity; experienced physical (body) and psychological (mind) death; experience being a single point of consciousness simply aware of itself; reliving one’s life; aware of how actions have affected others, with moral judgment of self	High psychedelic dose such as that used for moderate to severe conscious dissociative sedation (2.0 mg/kg – 3.0 mg/kg IM, or 150 – 250 mg IM)	45-60 mins
Ego-Dissolving Transcendental Experience (EDT)	Ecstatic state of the dissolution of boundaries between the self and external reality; complete dissolution of one’s body and self (soul); transcending normal mass/time/space continuum; collective consciousness; unity with Nature/Universe; sacredness	Rare in low doses (0.25 mg/kg –0.5 nig/kg IM, or 25 – 50 mg IM), more common in high psychedelic doses (2.0 mg/kg – 3.0 mg/kg irA or 150 – 200 mg IM)	45-60 mins

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## **Ketamine Assisted Psychotherapy**

Combining ketamine with psychotherapy can yield a greater benefit than biological ketamine treatments alone. The non-ordinary consciousness states of the ketamine experience provide for more material to work with in therapy, especially in the context of a long-term psychotherapeutic relationship.

In this implementation model, ketamine is dosed in an in-office setting, using either an oral lozenges or intramuscular injection. This location and approach maximizes the comfort of the patient, rather than placement of an IV line. By enhancing physical comfort, creating a soothing environment, the therapeutic effect of treatment is maximized.

This treatment model is provided after evaluation of patient response to medication, psychotherapy, and the appropriateness of others treatment modalities – i.e.. for depression; ECT, TMS. Patient has a right to refuse this treatment at any point during the course. The expected outcome from treatment may vary from non- response to a robust a sustained response. There are adverse effects potentially associated with the treatment. Ongoing benefit from treatment may require ongoing dosing. A single or subsequent dosing of ketamine does not automatically imply ongoing provision of this treatment.

## **Medical clearance for treatment:**

Prior to administration of ketamine, a patient will needed be in care with a primary care provider to evaluate overall health, in particular respiratory and cardiovascular status Medication optimization of blood pressure is needed based on the sympathetic activation effects of ketamine. An EKG may be required in instances where there has been arrhythmia or a history of cardiovascular issues. Patient with a history of cystitis or other bladder issues may need to be cleared by urological consultation, noting the rare but potential significant adverse effect of cystitis.

## **Adverse and side effect associated with treatment:**

Ketamine increases sympathetic tone in the vasculature and can raise blood pressure, which has associated risks with adverse outcomes linked to stroke and arrhythmias, resulting in loss of function and possibly death. Ketamine has limited suppression of respiratory drive, however it is rarely reported to cause laryngospasm, particularly in pediatric populations.

Ketamine has been associated with cystitis, a painful and potentially irreversible bladder condition. Cystitis has been generally reported in higher doses and more frequent uses, particularly in substance abusing population.

Ketamine has a risk of abuse and tolerance; escalated use with adverse outcomes. It generally has low reinforcement properties (ie. stimulants) and no physiological withdrawal syndrome (ie. opiates, benzodiazepines,). Therefore, it is atypical for patients to crave use and demonstrate behaviors to obtain it. Some patients exhibit tolerance (needing higher doses for the same effect).

At anesthetic doses 1-3mg/kg dosed by IM or IV, the following side effects are commonly reported, and may occur in lower dose delivery – ie. oral dosing of 100-200mg, but are less likely.

Transient – up to 4 hours: dizziness, blurred vision, headache, nausea, vomiting, dry mouth, restlessness, impaired coordination and impaired concentration.

An emergence phenomena, in approximately 10-20% of cases, has been reported in which a patient may experience subjective distress with psychological or physical restlessness. In these instances, treatment with low dose anxiolytic medication has been beneficial. There are also rare psychological and psychiatric risks associated with treatment, notable switching into mania for bipolar patients, who may not yet be diagnosed as such. While rarely described, it is possible that



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sustained perceptual disturbances, alternations in cognition, reality testing or subjective distress stemming from treatment may persist beyond that acute treatment.

## Management of Adverse Effects:

Treating providers are trained in management of cardiovascular events and airway access as defined by the ACLS treatment protocol. Intervention may include provision of antihypertensive medication, performing CPR, using an AED (defibrillator) and interventions to manage the airway; administration of tongue blade, bag-masking and oral airway devices. In the event of psychological distress, treating provider may deliver of anxiolytic medication (ie. Ativan / Lorazepam) or antipsychotic medication (ie. Haldol / Haloperidol or Zyprexa / Olanzapine) in oral or intramuscular formulation. The treating provider reserves the right to activate emergency response systems, ie. call 911, if it is determined by clinical judgment that patient safety requires a high level of care than can be provided in the office.

## Preparation Prior To Treatment:

Patients are expected to abstain from all substance use for a period of 48 hours; including alcohol tobacco, cannabis, illicit substances.

- In certain instance, a urine toxicology screen may requires prior to treatment, including on the day of treatment
- No dietary intake for least 4 hours prior treatment. A small intake of water is permitted
- Hold medication that may raise blood pressure – ie. stimulants and antihistamines.
- Continue on anti-hypertension and diabetic medication, with dose of adjustment of insulin based on dietary intake adjustment.

## Standard Course Experience With Treatment

Preparation: 0-15 minutes

- Evaluation of mindset and readiness for treatment
- Blood pressure screening, with treatment for parameter of 150/90mm Hg. Patient with blood pressure above the threshold will need to take medication to control blood pressure on the day of treatment and possibly during the course of treatment. Clonidine is available in oral formulation and hydralazine can be provided by IM.
- Confirmation that an after-care/support person is available for pick-up from office.
- Completion of depression and related screening forms. Dosing: Onset 15-30 minutes
- Oral troche or rapid dissolving – initially dosed between 25mg – 100mg based on body weight, intensity of depression, subjective evaluation of patient capacity to tolerate dissociative state.
- Oral troche - patients can expect a medicinal tasting bolus of saliva to accumulate in the mouth, to be held for 15 minutes and then swallowed.

Trance state: 30-45 minutes: Generally restful, volitionally non-verbal, supported by soothing music and eye shade to minimize light effect.

- Patient will typically experience a heaviness in the physical body, possibly with the loss of sensation, followed by a separation from the usual state of cognitive processing, such that verbal expression may become limited and even absent.
- Patients are generally rousable to an alert and interactive state, and will be checked in on by verbal cue to determine if there are any concerns. Physical contact will consist of provider placement of hand on the arm or shoulder of the patient – with contact over clothing; unless there is concern for medical emergency.
- Some patients may experience unfamiliarity with this state that is disconcerting – perhaps in the heaviness/floating sensation, vertigo like sensation, physical discomfort (nausea), the presentation of distressing psychological material

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- During this phase of treatment may blood pressure will be checked.
- Patient also consent to allow for video monitor of the experience in order to assure safety and mutually mitigate concern for behavior that may be aversive, intrusive or experienced as such by the patient in an altered state of awareness. – ie. a gentle hand placed on the shoulder.

## **Integration Phase: 30-45 Minutes: Opportunity For Reflection And Discussion**

- Patient will be engaged verbally to describe experience and potentially engage in discussion of thoughts, emotional states and physical sensations. Patients may prefer silence in this period, and thoughts recorded by physician notations, or use of a the patient's private recording device – ie. audio on phone.

## **Disengagement From Treatment**

At any point in the treatment course, the patient may disengage from the defined and recommended process – ie. sit up and take off the eye shade. However, patients will not be allowed to leave the office on their own until 90 minutes after dosing of ketamine. The patient may request that the defined after-care support assume custody at any point during the treatment, with full release into care to be determined by the physician providing care / administering the dose.

## **After-care**

Patients agree to establish an after-care support person for 4 hours following treatment. Patient will leave the clinic in the care of this person. Patient agrees not to drive a motorized vehicle, ride a bicycle, or exercise vigorously for 8 hours following treatment. A light meal is recommended following treatment.

Designated support / care person:

Name: .....

Contact: .....

## **Ongoing And Concurrent Treatment**

The patient will be engaged in an ongoing and concurrent treatment with a psychiatrist and/or psychologist, as deemed appropriate by the physician providing ketamine treatment. The termination or interruption of this collaborative treatment may result in termination of ketamine associated therapy.

## **Final Declaration**

In signing this agreement, I recognize that I have an established a treatment relationship with **Dr. John Kristensen**. I understand that I have alternative treatment options beside ketamine for my condition. I understand that I may not respond or have a favorable response to ketamine treatment and there are risks associated with the treatment, some of which may be permanent.

**Treatment may be terminated by Dr. Kristensen based on clinical factors**, including and not limited to concerns for poor fit with treatment, likelihood of response, lack of compliance with care, concern for diversion, patient behaviors and risk factors exceeding tolerance of his practice, and lack of sufficient collaborative support by the treatment team. Provision of treatment does not automatically imply future treatment.

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**MD / Physician providing treatment:**

**Patient receiving treatment**

Name: .....

Name: .....

Signature: .....

Signature: .....

Date: .....

Date: .....

Quality Of Life Enjoyment And Satisfaction Questionnaire

**POST-TREATMENT**

This questionnaire is designed to help assess the degree of enjoyment and satisfaction experienced during the past week.

**GENERAL ACTIVITIES**

**OVERALL LEVEL OF SATISFACTION**

**Taking everything into consideration, during the past week  
how satisfied have you been with your ...**

**1 2 3 4 5**

... physical health?	<input type="checkbox"/>				
... mood?	<input type="checkbox"/>				
... work?	<input type="checkbox"/>				
... household activities?	<input type="checkbox"/>				
... social relationships?	<input type="checkbox"/>				
... family relationships?	<input type="checkbox"/>				
... leisure time activities?	<input type="checkbox"/>				
... ability to function in daily life?	<input type="checkbox"/>				
... sexual drive, interest and/or performance?*	<input type="checkbox"/>				
... economic status?	<input type="checkbox"/>				
... living/household situation?*	<input type="checkbox"/>				
.. ability to get around physically without feeling dizzy or unsteady or falling	<input type="checkbox"/>				
... your vision in terms of ability to do work or hobbies?*	<input type="checkbox"/>				
... overall sense of well being?	<input type="checkbox"/>				
... medication? (if not taking any, check here _____ and leave item blank)	<input type="checkbox"/>				
How would you rate your overall life satisfaction and contentment during the past week?	<input type="checkbox"/>				

\* If satisfaction is very poor, poor or fair on these items, please UNDERLINE the factor(s) associated with a lack of satisfaction.

**Scoring:**

The Total Score is reported as percentage maximum possible % Max = Raw-minimum score/maximum score-minimum score. (Raw score minus the minimum possible raw score divided by the maximum possible raw score minus the minimum possible raw score). If items are left blank the maximum and minimum scores must be modified to reflect the number of items scored. The 1/3 rule is usually used for excluding subjects who have no scores for 1/3 of the items. At times some investigators may apply more stringent or less stringent rules.

TOTAL

\_\_\_\_\_



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## Scoring The Quality Of Life Enjoyment And Satisfaction Questionnaire

The scoring of the Q-LES-Q-SF involves summing only the first 14 items to yield a raw total score. **The last two items are not included in the total score** but are stand- alone items. The raw total score ranges from 14 to 70. The raw total score is transformed into a percentage maximum possible score using the following formula:

$$\frac{(\text{raw total score} - \text{minimum score})}{(\text{maximum possible raw score} - \text{minimum score})}$$

The minimum raw score on the Q-LES-Q-SF is 14, and the maximum score is 70. Thus the formula for % maximum can also be written as  $(\text{raw score} - 14)/56$ . The table below converts total raw scores into % maximum scores.

Raw Score	Max %						
14	0	28	25	42	50	56	75
15	2	29	27	43	52	57	77
16	4	30	29	44	54	58	79
17	5	31	30	45	55	59	80
18	7	32	32	46	57	60	82
19	9	33	34	47	59	61	84
20	11	34	36	48	61	62	86
21	13	35	38	49	63	63	88
22	14	36	39	50	64	64	89
23	16	37	41	51	66	65	91
24	18	38	43	52	68	66	93
25	20	39	45	53	70	67	95
26	21	40	46	54	71	68	96
27	23	41	48	55	73	69	98
						70	100

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Citation: Endicott J, Nee J, Harrison W, Blumenthal R. Quality of Life Enjoyment and Satisfaction Questionnaire: A New Measure. *Psychopharmacology Bulletin* 1993;29:321-326.