

Name:

Date:

## THE MAYERS' LIFE-STYLE QUESTIONNAIRE (2)

Please answer all relevant questions, whatever the nature of your problem, by putting a ✓ in the appropriate column/box.

### 1. LOOKING AFTER YOURSELF

Are you able to:		Independently	With difficulty	With extreme difficulty
a	- get up in the morning at an appropriate time			
b	- sleep adequately			
c	- maintain personal hygiene to your satisfaction			
d	- wash your clothes			
e	- shop for food			
f	- prepare and cook food			
g	- manage your health problems including medication			
h	- heat your house adequately			
i	- clean your house to your satisfaction			
j	- do your gardening to your satisfaction (if you have a garden and enjoy gardening)			
k	- use a telephone			
l	- read what you want / need to read			
m	- write what you want / need to write / use internet			
n	- use public transport alone			
o	- drive a car if you are a car driver			

## 2. LIVING SITUATION

Do you:		Yes	No
a	- like where you live (your house / flat / shared accommodation)		
b	- have the level of privacy that you would like		
c	- feel safe in your home		
d	- feel safe within the town / village in which you live		

## 3. LOOKING AFTER OTHERS

		Yes	No
a	- if you have responsibility for other people / another person, is there any way in which you need help		
b	- if you have a pet, is there any way in which you need help		

## 4. BEING WITH OTHERS

Do you:		Yes	Occasionally	No
a	- enjoy the company of other people			
b	- get lonely			
c	- enjoy your own company			
d	- make friends easily			
e	- visit / talk to your family or friends regularly			
f	- have friends to support you, if you feel you need it			
g	- have a partner / girlfriend / boyfriend / spouse			
h	- feel he /she gives you adequate support			

## 5. BEING IN OR OUT OF WORK / ATTENDING COLLEGE

		Yes	No
a	- are you in paid employment		
b	- are you in sheltered employment		
c	- do you do any voluntary work		
d	- would you like to be in paid employment/sheltered employment/voluntary work; studying at College		
e	- if you are a student, are you able to attend College regularly		

		Independently	With difficulty	With extreme difficulty
f	- if at work or College, are you able to work/study			

## 6. YOUR BELIEFS AND VALUES

		Yes	No
a	- do you have religious / spiritual beliefs that are important to you		
b	- do you like to be with others who have similar beliefs / values		
c	- are you able to join others with similar beliefs		

## 7. FINANCES

Do you:		Yes	No
a	- receive benefits		
b	- have adequate money for your needs and those of your family		
c	- have difficulty budgeting/managing your money		
d	- have difficulty collecting pension or benefits		

## 8. CHOICES

Are you able to:		Yes	Occasionally	No
a	- live feeling you are in control of your life			
b	- choose what you want to do in a day / week			
c	- do some activities by yourself, keeping your independence			
d	- participate in some activities that give you satisfaction			
e	- feel good about yourself as a person			

## 9. ACTIVITIES YOU ENJOY DOING

Are you able to do the leisure activities you enjoy doing / want to do: (list up to 5 activities)		Independently	With difficulty	With extreme difficulty
a	-			
b	-			
c	-			
d	-			
e	-			

Having filled in this form, please go back over it and put 'x' against the areas which are of most concern to you.

## **Guidelines for the use of the contact letter and Mayers' Lifestyle Questionnaire (2)**

The contact letter and Mayers' Lifestyle Questionnaire (2) are instruments used to demonstrate a person-centred approach within occupational therapy practice for people with enduring mental health problems. The Lifestyle Questionnaire (2) gives users of the service an opportunity to identify their priority needs in relation to their quality of life before intervention begins.

People with enduring mental health problems were interviewed about their quality of life (Mayers, 2000) and following analysis of these interviews, the Mayers' Lifestyle Questionnaire (2) was worded. It includes all areas that the interviewees considered important and followed a full literature review on quality of life. A pilot study and main study have been completed to evaluate the use of the contact letter and Mayers' Lifestyle Questionnaire (2). The overall response was positive. An evaluation of the main study was published in the British Journal of Occupational Therapy (Mayers, 2003). Since then there has been on-going evaluation and the wording has been updated twice since 2004.

The Mayers' Lifestyle Questionnaire (2) can be used in one of two ways:

- sent out to the user with the contact letter once a referral has been received. He/she is encouraged to complete the Lifestyle Questionnaire (2) before you make your first visit.
- given to the user to complete, possibly with your help, when you make your first visit. The pilot study and main study indicated that this was the method preferred by most clients. It can be completed whilst you are there or left with the user to complete before you make the second visit. He/she may need some time to think about the positioning of the ticks. >>>>

Do encourage the user to use asterisks to indicate their key priority areas, as requested at the end of the Lifestyle Questionnaire (2).

Once the Lifestyle Questionnaire (2) has been completed, time is required for you and the user to discuss the positioning of the ticks and asterisks in order for identified problems to be dealt with appropriately during the intervention.

I am interested to know your views, and those of your clients, about the use of the contact letter and Mayers' Lifestyle Questionnaire (2), so please do let me know (chrismayers2000@gmail.com). Users sometimes say that not all the questions are relevant to their problem. Please say that the Lifestyle Questionnaire is designed to cover the needs of many clients with a great variety of problems ... and everyone is different! The contact letter does say that a user only needs to complete the areas that are relevant to him/her.

There is a copyright notation on the contact letter and Mayers' Lifestyle Questionnaire (2) so please do not change the wording or format. Do feel free to photocopy.

### **Use of the Mayers' Lifestyle Questionnaire (2) as an outcome measure**

It is suggested that the Mayers Lifestyle Questionnaire (2) be given to the client to complete again, before intervention ceases. A comparison can then be made of the positioning of the ticks before intervention and towards the end of intervention.

### **References**

Mayers CA (2000) Quality of Life: Priorities for People with Enduring Mental Health Problems. *British Journal of Occupational Therapy*, 63 (12), 591-597

Mayers CA (2003) The Development and Evaluation of the Mayers' Lifestyle Questionnaire (2). *British Journal of Occupational Therapy*, 66 (9), 388-395

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Emeritus Professor Chris Mayers  
School of Health Sciences, York St John University

## **How the Occupational Therapist can help you..**

As you have been referred to an occupational therapist, it is hoped that she/he will be able to help you to have a more positive quality of life.

The occupational therapist is concerned about all the activities you undertake throughout the day. If you have any difficulty coping with everyday activities and have any problems doing activities that are important to you, your occupational therapist will try to help. If the occupational therapist is unable to help, she/he will try to put you in contact with someone who can.

## **Examples of activities with which you may need our help:**

- Reducing anxiety about going out alone, or to the shops, and/or using public transport.
- Offering ideas/information to help you extend your social/leisure activities if you wish to do so.
- Helping you organise your time more effectively.

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The community occupational therapist who will be visiting you is:

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The contact address and telephone number are:

If you are able to complete the attached Lifestyle Questionnaire before the visit, please do so. Then we can look together at the areas where you need help. If you feel parts of the questionnaire are irrelevant to you, please do not feel you have to complete the whole form.