



# Mini MANS-LD

Accessible quality of life outcome measure for people  
with learning disabilities

## SCRIPT FOR ADMINISTRATORS

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Developed from the Maslow Assessment of Needs Scale – Learning Disabilities  
(MANS-LD; Dr Paul Skirrow & Dr Ewan Perry, Mersey Care NHS Trust)



**1) Overall do  
you feel your  
life is...?**



|                                                                                   |                                                                                    |                                                                                     |                                                                                     |                                                                                     |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |  |  |  |
| <b>Very<br/>good</b>                                                              | <b>Good</b>                                                                        | <b>OK –<br/>neither<br/>good<br/>or bad</b>                                         | <b>Bad</b>                                                                          | <b>Very<br/>bad</b>                                                                 |

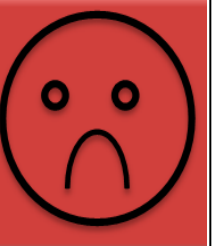
## **1) Overall do you feel your life is...**

### Scoring script:

- Overall do you feel your life is good, bad or just OK?
- If good, do you feel your life is very good or just good?
- If bad, do you feel your life is very bad or just bad?

**2) Do you get on well with people you know?**



|                                                                                   |                                                                                    |                                                                                     |                                                                                     |                                                                                     |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |  |  |  |
| <b>Always</b>                                                                     | <b>Most of the time</b>                                                            | <b>Some of the time</b>                                                             | <b>Not very often</b>                                                               | <b>Never</b>                                                                        |

## 2) Do you get on well with people you know?

Scoring script:

- Do you get on well with people you know like your friends, family and other people who support you? Yes or no?
- If yes, do you always get on well with them? Most of the time? Some of the time?
- If no, do you never get on well with them or not very often?

### 3) Are you happy with where you live?



|                                                                                   |                                                                                    |                                                                                     |                                                                                     |                                                                                     |
|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
|  |  |  |  |  |
| Very happy                                                                        | Happy                                                                              | OK – neither happy or sad                                                           | Sad                                                                                 | Very sad                                                                            |

### **3) Are you happy with where you live?**

Scoring script:

- Are you happy with where you live? Yes, no, or OK, not happy or sad?
- If yes, are you very happy with where you live or just happy?
- If no, are you very sad about where you live or just sad?



**4) Are you  
happy with  
how you  
spend your  
time?**



**College**



**Work Place**



**Very  
happy**



**Happy**



**OK –  
neither  
happy  
or sad**



**Sad**



**Very  
sad**

#### **4) Are you happy with how you spend your time?**

Additional prompts:

- Are you happy with the things that you do such as your job or going to college?

Scoring script:

- Yes, no, or OK, not happy or sad?
- If yes, are you very happy with the things you do or just happy?
- If no, are you very sad about the things you do or just sad?

## 5) Do other people try to hurt you?



|                                                                                    |                                                                                     |                                                                                      |                                                                                      |                                                                                      |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|  |  |  |  |  |
| <b>Never</b>                                                                       | <b>Not very often</b>                                                               | <b>Some of the time</b>                                                              | <b>Most of the time</b>                                                              | <b>Always</b>                                                                        |

## **5) Do other people try to hurt you?**

Scoring script:

- Do other people try to hurt you? Yes or no?
- If yes, do people try to hurt you all the time?  
Most of the time or some of the time?
- If no, do people never try to hurt you or not very often?

## 6) Do you feel like hurting other people?



|                                                                                    |                                                                                     |                                                                                      |                                                                                      |                                                                                      |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|  |  |  |  |  |
| Never                                                                              | Not very often                                                                      | Some of the time                                                                     | Most of the time                                                                     | Always                                                                               |

## **6) Do you feel like hurting other people?**

Additional prompts:

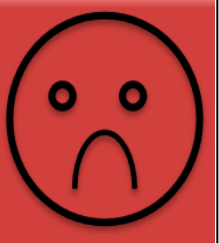
- Do you think about hurting other people?
- For example, when they make you angry or confused?

Scoring script:

- Yes or no?
- If yes, do you think about hurting other people all the time? Most of the time? Some of the time?
- If no, do you never think about hurting people or not very often?

**7) Do you try  
to hurt  
yourself?**



|                                                                                    |                                                                                     |                                                                                      |                                                                                      |                                                                                      |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|  |  |  |  |  |
| <b>Never</b>                                                                       | <b>Not<br/>very<br/>often</b>                                                       | <b>Some<br/>of the<br/>time</b>                                                      | <b>Most<br/>of the<br/>time</b>                                                      | <b>Always</b>                                                                        |

## **7) Do you try to hurt yourself?**

Additional prompts:

- Do you hurt yourself on purpose? Do you want to hurt yourself?

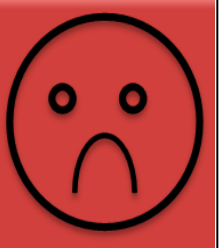
Scoring script:

- Yes or no?
- If yes, do you hurt yourself on purpose all the time? Most of the time? Some of the time?
- If no, do you never hurt yourself on purpose or not very often?



## 8) Can you speak up for yourself?



|                                                                                    |                                                                                     |                                                                                      |                                                                                      |                                                                                      |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|  |  |  |  |  |
| <b>Always</b>                                                                      | <b>Most of the time</b>                                                             | <b>Some of the time</b>                                                              | <b>Not very often</b>                                                                | <b>Never</b>                                                                         |

## **8) Can you speak up for yourself?**

Additional prompts:

- Can you speak up for yourself? Can you say no when you don't want to do something? Can you ask for help?

Scoring script:

- Yes or no?
- If yes, can you speak up for yourself all the time? Most of the time? Some of the time?
- If no, do you never speak up for yourself or not very often?

**9) Are you  
doing the best  
you can in  
life?**



|                                                                                    |                                                                                     |                                                                                      |                                                                                      |                                                                                      |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
|  |  |  |  |  |
| <b>Always</b>                                                                      | <b>Most<br/>of the<br/>time</b>                                                     | <b>Some<br/>of the<br/>time</b>                                                      | <b>Not<br/>very<br/>often</b>                                                        | <b>Never</b>                                                                         |

## **9) Are you doing the best you can in life?**

Scoring script:

- Are you doing the best you can in life? Yes or no?
- If yes, are you doing the best you can all the time? Most of the time? Some of the time?
- If no, do you never feel you are doing the best you can or not very often?