|  |  |  |
| --- | --- | --- |
| Please indicate below which statements best describe your situation **TODAY** by ticking **ONE** box in each of the seven subjects. | | |
|  | |  |
| **SELF-IMAGE** | |  |
| I think very positively about myself | | **☐** |
| I think positively about myself | | **☐** |
| I think negatively about myself | | **☐** |
| I think very negatively about myself | | **☐** |
|  | |  |
| **INDEPENDENCE** *For example: freedom of choice, financial, co-decision making* | |  |
| I am very satisfied with my level of independence | | **☐** |
| I am satisfied with my level of independence | | **☐** |
| I am dissatisfied with my level of independence | | **☐** |
| I am very dissatisfied with my level of independence | | **☐** |
|  | |  |
| **MOOD** | |  |
| I do not feel anxious, gloomy, or depressed | | **☐** |
| I feel a little anxious, gloomy, or depressed | | **☐** |
| I feel anxious, gloomy, or depressed | | **☐** |
| I feel very anxious, gloomy, or depressed | | **☐** |
|  | |  |
| **RELATIONSHIPS** *For example: partner, children, family, friends* | |  |
| I am very satisfied with my relationships | | **☐** |
| I am satisfied with my relationships | | **☐** |
| I am dissatisfied with my relationships | | **☐** |
| I am very dissatisfied with my relationships | | **☐** |
|  | |  |
| **DAILY ACTIVITIES** *For example: work, study, household, leisure activities* | |  |
| I am very satisfied with my daily activities | | **☐** |
| I am satisfied with my daily activities | | **☐** |
| I am dissatisfied with my daily activities | | **☐** |
| I am very dissatisfied with my daily activities | | **☐** |
| **PHYSICAL HEALTH** | |  |
| I have no physical health problems | | **☐** |
| I have some physical health problems | | **☐** |
| I have many physical health problems | | **☐** |
| I have a great many physical health problems | | **☐** |
|  | |  |
| **FUTURE** | |  |
| I am very optimistic about my future | | **☐** |
| I am optimistic about my future | | **☐** |
| I am gloomy about my future | | **☐** |
| I am very gloomy about my future | | **☐** |
|  | |  |
|  | |  |
| **PSYCHOLOGICAL WELL-BEING** | | |
| On the scale below, please indicate with an X how you rate your psychological well-being. 0 represents the worst imaginable psychological well-being, while 10 represents the best imaginable psychological well-being. | | |
|  | | |
| Worst imaginable  psychological well-being | Best imaginable  psychological well-being | |
| |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | |
| 0 1 2 3 4 5 6 7 8 9 10 | | |