

Name: _____

Date: _____ Time: _____ Place: _____

Assessor: _____



For each of the questions, choose and mark the answer you find the most appropriate.





Means **YES** or that you have **positive** feelings about the matter in question.



Means **NO** or that you are not happy about the matter in question, or you have **negative** feelings about it.

		
1. How do you feel about your general health?		
2. Are you happy with your ability to move around?		
3. Do you feel energetic?		
4. How have you been feeling lately?		
5. Do you accept yourself the way you are?		
6. Are you excited about and interested in different things?		

		
7. Do you have opportunities to do things you enjoy (for example, hobbies or clubs)?		
8. Do you get enough help or support if you need it?		
9. Are you happy with your ability to take care of your daily chores?		
10. Do you feel that you have enough money to run your daily errands?		
11. Are you happy with your residential environment?		
12. Do you have opportunities to do things that correspond to your life values and convictions?		
13. Do you feel safe?		
14. Do you have enough friends and close relatives?		

15. Do you suffer from loneliness?	NO	YES
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More information: _____
