

Participant Number.....

Quality of life

By placing a tick in one box in each group below, please indicate which statement best describes your quality of life at the moment.

Love and friendship	
<input type="checkbox"/>	I can have all the love and friendship that I want
<input type="checkbox"/>	I can have a lot of the love and friendship that I want
<input type="checkbox"/>	I can have a little of the love and friendship that I want
<input type="checkbox"/>	I cannot have any of the love and friendship that I want

Thinking about the future	
<input type="checkbox"/>	I can think about the future without any concern
<input type="checkbox"/>	I can think about the future with only a little concern
<input type="checkbox"/>	I can only think about the future with some concern
<input type="checkbox"/>	I can only think about the future with a lot of concern

Doing things that make you feel valued	
<input type="checkbox"/>	I am able to do all of the things that make me feel valued
<input type="checkbox"/>	I am able to do many of the things that make me feel valued
<input type="checkbox"/>	I am able to do a few of the things that make me feel valued
<input type="checkbox"/>	I am unable to do any of the things that make me feel valued

Enjoyment and pleasure	
	I can have all of the enjoyment and pleasure that I want
	I can have a lot of the enjoyment and pleasure that I want
	I can have a little of the enjoyment and pleasure that I want
	I cannot have any of the enjoyment and pleasure that I want

Independence	
	I am able to be completely independent
	I am able to be independent in many things
	I am able to be independent in a few things
	I am unable to be at all independent