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.