

ABOUT YOUR 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.

1. Love and Friendship

- | | | |
|--|--------------------------|---|
| I can have all of the love and friendship that I want | <input type="checkbox"/> | 4 |
| I can have a lot of the love and friendship that I want | <input type="checkbox"/> | 3 |
| I can have a little of the love and friendship that I want | <input type="checkbox"/> | 2 |
| I cannot have any of the love and friendship that I want | <input type="checkbox"/> | 1 |

2. Thinking about the future

- | | | |
|---|--------------------------|---|
| I can think about the future without any concern | <input type="checkbox"/> | 4 |
| I can think about the future with only a little concern | <input type="checkbox"/> | 3 |
| I can only think about the future with some concern | <input type="checkbox"/> | 2 |
| I can only think about the future with a lot of concern | <input type="checkbox"/> | 1 |

3. Doing things that make you feel valued

- | | | |
|--|--------------------------|---|
| I am able to do all of the things that make me feel valued | <input type="checkbox"/> | 4 |
| I am able to do many of the things that make me feel valued | <input type="checkbox"/> | 3 |
| I am able to do a few of the things that make me feel valued | <input type="checkbox"/> | 2 |
| I am unable to do any of the things that make me feel valued | <input type="checkbox"/> | 1 |

4. Enjoyment and pleasure

- | | | |
|---|--------------------------|---|
| I can have all of the enjoyment and pleasure that I want | <input type="checkbox"/> | 4 |
| I can have a lot of the enjoyment and pleasure that I want | <input type="checkbox"/> | 3 |
| I can have a little of the enjoyment and pleasure that I want | <input type="checkbox"/> | 2 |
| I cannot have any of the enjoyment and pleasure that I want | <input type="checkbox"/> | 1 |

5. Independence

- | | | |
|---|--------------------------|---|
| I am able to be completely independent | <input type="checkbox"/> | 4 |
| I am able to be independent in many things | <input type="checkbox"/> | 3 |
| I am able to be independent in a few things | <input type="checkbox"/> | 2 |
| I am unable to be at all independent | <input type="checkbox"/> | 1 |

**Tick
one
box
only in
each
section**