

# Satisfaction with Health and Life

We would like to know how satisfied you are with different aspects of your life. Each item below has a scale where “0” is Extremely Dissatisfied and “10” is Extremely Satisfied. [For each item, mark an  in the box of the number that shows your own level of satisfaction.]

How dissatisfied or satisfied are you with:

**P\*1. Your physical health (the health of your body)?**

Extremely dissatisfied											Extremely satisfied	
$\tau$	0	1	2	3	4	5	6	7	8	9	10	$\tau$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**P 2. How well you care for yourself, for example, preparing meals, bathing, or shopping?**

Extremely dissatisfied												Extremely satisfied
$\tau$	0	1	2	3	4	5	6	7	8	9	10	$\tau$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**C \*3. How well you think and remember?**

Extremely dissatisfied												Extremely satisfied
$\tau$	0	1	2	3	4	5	6	7	8	9	10	$\tau$
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*(Please turn the page)*