

Please indicate on the following scale from **1** to **10** how you feel right now at this moment. If you mark the number **1**, then your mood is extremely bad. If you mark the number **10**, then your mood is extremely good.

[illegible]

Modular System

for Quality of Life (MSLQ-R)

BEFORE ANSWERING THIS QUESTIONNAIRE PLEASE READ THIS PAGE CAREFULLY AND KEEP THE FOLLOWING INSTRUCTIONS IN MIND!

You can respond to every question by marking your answer in the appropriate box on the scale by a cross. If you value the touched area of life positively choose a category from the fair part of the scale. If you value the life area negatively then choose a dark field of the scale. Don't forget to pay attention to the right wording of the chosen category!

Check your understanding with the following example.

How satisfied were you with your physical health during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>

Every question relates to your state during the **past four weeks**. Please answer spontaneously, do not spend too much time on any question.

It is very important that you fill out the questionnaire completely and that you answer honestly. Incomplete sheets are easy to select and unfortunately worthless. Answer every question on your own and do not discuss any question with another person who could influence your answering.

We entreat to take the following hints seriously. It is possible that you develop a presumption which kind of answer could give a "better impression" of your person. Please do not try to influence your answering in a special direction. There are no "false" or "right" answers. Just mark the state which was characteristic for you during the past 4 weeks.

Please do not write in this field:

proband number:

Date:			<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	.	<input type="text"/>	<input type="text"/>	
Sex:			<input type="radio"/> male			<input type="radio"/> female					
Age in years:											
Nationality:											
Ethnicity:											
Years of education (at school):											
Graduation (high school, university etc.): _____?											
Do you have a job?:			<input type="radio"/> yes			<input type="radio"/> no					
What is (are) your profession(s):											
What is (are) your occupation(s) / vocational training(s) (housewife too!):											
How much money do you earn monthly:											
<input type="radio"/> more than 1500 US\$											
<input type="radio"/> 800 - 1500 US\$											
<input type="radio"/> less than 800 US\$											
Religion:			<input type="radio"/> none			<input type="radio"/> protestant					
			<input type="radio"/> catholic			<input type="radio"/> islamic					
			other: _____								
Family status:											
(multiple answers possible)			<input type="radio"/> single / without a partner			<input type="radio"/> within a partnership or married					
			<input type="radio"/> seperated or divorced			<input type="radio"/> widowed					
Are there relatives you are in contact with?:			<input type="radio"/> yes			<input type="radio"/> no					
Do you have a close friend?:			<input type="radio"/> yes			<input type="radio"/> no					
Do you have children?			<input type="radio"/> yes / number of children _____			<input type="radio"/> no					
Residence:			<input type="radio"/> flat / house (tenantry)			<input type="radio"/> therapeutic community					
			<input type="radio"/> flat / house (owner occupied)			<input type="radio"/> pension paid by social security office					
			<input type="radio"/> shared apartment			<input type="radio"/> homeless					
			<input type="radio"/> dormitory								
			<input type="radio"/> resident being cared for								
With whom do you live?			<input type="radio"/> alone			<input type="radio"/> with brothers or sisters					
(multiple answers possible)			<input type="radio"/> with husband /spouse / partner			<input type="radio"/> with relatives					
			<input type="radio"/> with parents			<input type="radio"/> with other persons who are not relatives					
			<input type="radio"/> with children under 18 years								
			<input type="radio"/> with children over 18 years								

Please keep in mind that the following questions refer to your **physical health** during the **past 4 weeks**:

1. How would you generally describe your physical health during the past 4 weeks?

<i>very good</i>	<i>good</i>	<i>rather good</i>	<i>neither good nor bad</i>	<i>rather bad</i>	<i>bad</i>	<i>very bad</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you have any physical problems affecting your mobility during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Did your physical health allow you to spend the usual amount of time on activities at work, at home (or in hospital) during the past 4 weeks?

<i>much longer as usual</i>	<i>longer as usual</i>	<i>as long as usual</i>	<i>a bit fewer as usual</i>	<i>fewer as usual</i>	<i>much fewer as usual</i>	<i>no activity possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How satisfied were you with your physical health during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Did your health limit you in vigorous activities, such as running, lifting heavy objects, participating in strenuous sports during the past 4 weeks?

<i>not at all</i>	<i>a little bit</i>	<i>entirely little</i>	<i>moderate</i>	<i>entirely severe</i>	<i>severe</i>	<i>very severe</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Did your health limit you in moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf during the past 4 weeks?

<i>not at all</i>	<i>a little bit</i>	<i>entirely little</i>	<i>moderate</i>	<i>entirely severe</i>	<i>severe</i>	<i>very severe</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How satisfied were you with your health in general during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please keep in mind that the following questions refer to your **physical vitality** during the **past 4 weeks**:

1. How much of the time did you feel full of life during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you sleep badly during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Could you care about your physical appearance during the past 4 weeks?

<i>without any problems</i>	<i>nearly without problems</i>	<i>quite good</i>	<i>tolerably</i>	<i>with trouble</i>	<i>with a lot of trouble</i>	<i>not possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Was it possible for you to feel relaxed and comfortable during the past 4 weeks?

<i>without any problems</i>	<i>nearly without problems</i>	<i>quite good</i>	<i>tolerably</i>	<i>with trouble</i>	<i>with a lot of trouble</i>	<i>not possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How satisfied were you with your sleep during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How often did you have a lot of energy during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How much of the time did you feel tired during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Was it possible for you to sleep until you felt refreshed during the past 4 weeks?

<i>without any problems</i>	<i>nearly without problems</i>	<i>quite good</i>	<i>tolerably</i>	<i>with trouble</i>	<i>with a lot of trouble</i>	<i>not possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please keep in mind that the following questions refer to your **personal role** in your **social relations** during the **past 4 weeks**:

1. Could you live up to your expectations during the past 4 weeks?

<i>without any problems</i>	<i>nearly without problems</i>	<i>quite good</i>	<i>tolerably</i>	<i>with trouble</i>	<i>with a lot of trouble</i>	<i>not possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied were you with the appreciation of your achievements by others during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How satisfied were you with your self-respect during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Did you feel lonely during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How satisfied were you with your decision making during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How satisfied were you with your relation to other people during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Could you feel self-confident during the past 4 weeks?

<i>without any problems</i>	<i>nearly without problems</i>	<i>quite good</i>	<i>tolerably</i>	<i>with trouble</i>	<i>with a lot of trouble</i>	<i>not possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Could you make your own way during the past 4 weeks?

<i>without any problems</i>	<i>nearly without problems</i>	<i>quite good</i>	<i>tolerably</i>	<i>with trouble</i>	<i>with a lot of trouble</i>	<i>not possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How satisfied were you with your friendships during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please keep in mind that the following questions refer to your **material providing** during the **past 4 weeks**:

1. How satisfied were you with your financial situation during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>

2. How satisfied were you with your living conditons at home during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>

3. How satisfied were you with your standard of living during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>

4. How satisfied were you with your place of residence during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>

If you had the possibility for **leisure activities** during the **past 4 weeks**, please answer the following questions. If not, just skip this section:

1. How often did you have interest in your hobbies at home during the past 4 weeks ?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>

2. How often did you have interest in your outdoor hobbies during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>

3. How satisfied were you with your spare-time in general during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>

Please keep in mind that the following questions refer to your **mental state** and your **emotions** during the **past 4 weeks**:

1. Did you feel generally tense during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Did you feel anxious, worried, or upset during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. How often did you get into quarrels during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How often did you feel under strain, stress, or pressure during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How often did you feel active and vigorous versus dull and sluggish during the past 4 weeks?

<i>all the time active</i>	<i>most of the time active</i>	<i>a good bit of the time active</i>	<i>sometimes active some- times dull</i>	<i>a good bit of the time dull</i>	<i>most of the time dull</i>	<i>all the time dull</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How often did you get easily hurt during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How often have you been a very nervous person during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How often did you have temper outbursts during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. How often did you feel relaxed and at ease versus high-strung?

<i>all the time relaxed</i>	<i>most of the time relaxed</i>	<i>a good bit of the time relaxed</i>	<i>sometimes relaxed some- times strung</i>	<i>a good bit of the time strung</i>	<i>most of the time strung</i>	<i>all the time strung</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please keep in mind that the following questions refer to your life in general during the past 4 weeks:

1. How often did you have problems in general during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>

2. Could you enjoy life during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>

3. How often did you feel worthless during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>

4. How did you feel in general during the past 4 weeks?

<i>all the time good</i>	<i>most of the time good</i>	<i>a good bit of the time good</i>	<i>sometimes good some- times bad</i>	<i>a good bit of the time bad</i>	<i>most of the time bad</i>	<i>all the time bad</i>

5. How often did you value your future hopeless during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>

6. How often did you wake up feeling depressed during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>

7. How satisfied were you with your mental health during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>

8. How satisfied were you with your life in general during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>

If you had contact with your **family (parents, grandparents, foster-parents)** during the **past 4 weeks**, please answer the following questions. If not, just skip this section:

1. Did you feel understood / supported by your family during the past 4 weeks?

<i>without any problems</i>	<i>nearly without problems</i>	<i>quite good</i>	<i>tolerably</i>	<i>with trouble</i>	<i>with a lot of trouble</i>	<i>not possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Could you join family life during the past 4 weeks?

<i>without any problems</i>	<i>nearly without problems</i>	<i>quite good</i>	<i>tolerably</i>	<i>with trouble</i>	<i>with a lot of trouble</i>	<i>not possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Could you feel good / harmonize with your family during the past 4 weeks?

<i>without any problems</i>	<i>nearly without problems</i>	<i>quite good</i>	<i>tolerably</i>	<i>with trouble</i>	<i>with a lot of trouble</i>	<i>not possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are **married** or if you have a **partnership**, please answer the following questions. If not, just skip this section:

1. Could you count on the help and comprehension of your partner during the past 4 weeks?

<i>without any problems</i>	<i>nearly without problems</i>	<i>quite good</i>	<i>tolerably</i>	<i>with trouble</i>	<i>with a lot of trouble</i>	<i>not possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Could you have sex with your partner during the past 4 weeks?

<i>without any problems</i>	<i>nearly without problems</i>	<i>quite good</i>	<i>tolerably</i>	<i>with trouble</i>	<i>with a lot of trouble</i>	<i>not possible</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. If you had sex with your partner during the past 4 weeks, how satisfied were you with your sexual life?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. How satisfied were you with your marriage or partnership during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have **children** or **step children**, please answer the following questions:

1. How often did you have contact with your children during the past 4 weeks?

<i>all the time</i>	<i>most of the time</i>	<i>a good bit of the time</i>	<i>some of the time</i>	<i>a little of the time</i>	<i>rather seldom</i>	<i>none of the time</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied were you with the relation to your children during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you followed a **regular occupation** during the **past 4 weeks**, please answer the following questions :

1. How satisfied were you with your performances in usual activities (work, household, study, education, practical course etc.)?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. How satisfied were co-workers with your achievements during the past 4 weeks?

<i>entirely dissatisfied</i>	<i>dissatisfied</i>	<i>rather dissatisfied</i>	<i>neither nor</i>	<i>rather satisfied</i>	<i>satisfied</i>	<i>entirely satisfied</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>