5. THE FOLLOWING SIX QUESTIONS ARE ABOUT YOUR HEALTH TODAY

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

I have no problems in walking about	
I have slight problems in walking about	
I have moderate problems in walking about	
I have severe problems in walking about	
I am unable to walk about	
SELF-CARE	
I have no problems washing or dressing myself	
I have slight problems washing or dressing myself	
I have moderate problems washing or dressing myself	
I have severe problems washing or dressing myself	
I am unable to wash or dress myself	
USUAL ACTIVITIES (e.g. work, study, housework, family or leisure activities)	
I have no problems doing my usual activities	
I have slight problems doing my usual activities	
I have moderate problems doing my usual activities	
I have severe problems doing my usual activities	
I am unable to do my usual activities	
PAIN / DISCOMFORT	
I have no pain or discomfort	
I have slight pain or discomfort	
I have moderate pain or discomfort	
I have severe pain or discomfort	
I have extreme pain or discomfort	
ANXIETY / DEPRESSION	
I am not anxious or depressed	
I am slightly anxious or depressed	
I am moderately anxious or depressed	
I am severely anxious or depressed	
I am extremely anxious or depressed	

6. THE FOLLOWING TWO QUESTIONS ASK YOU TO SUMMARISE HOW YOU FEEL AT THE MOMENT

- 6.1. Overall, how satisfied are you with your life nowadays? Please tick ONE only.
 - **0** means not at all satisfied
 - 10 means completely satisfied

Not at all satisfied							Completely satisfied				
	0	1	2	3	4	5	6	7	8	9	10
	0	Ο	0	Ο	0	Ο	Ο	0	0	0	0

6.2. Overall, how happy did you feel yesterday? Please tick ONE only.

- **0** means not at all happy
- 10 means completely happy

Not at all happy Completely happy									арру		
	0	1	2	3	4	5	6	7	8	9	10
	0	0	О	0	0	0	0	0	0	0	0

7. THE NEXT QUESTION ASKS YOU TO THINK ABOUT HOW YOU FEEL YOU ARE MANAGING WITH YOUR CARING RESPONSIBILITIES AT THE MOMENT