

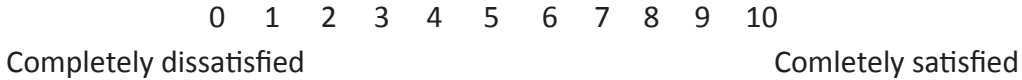


E-mail: NorSCIR@stolav.no
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Information of patient (Barkode)	
Name	Date performed
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(YYYYMMDD) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of birth and national ID suffix (11 digits)	

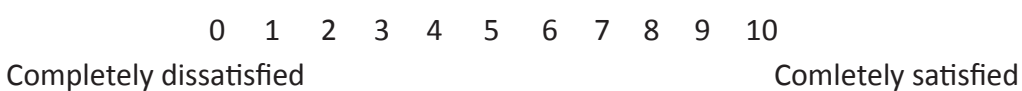
1. Thinking about your own life and personal circumstances, how satisfied are you with your life as a whole in the past four weeks?

Please use a scale ranging from 0 (completely dissatisfied) to 10 (completely satisfied). You can use 0 or 10 or any number in between.



2. How satisfied are you with your physical health in the past four weeks?

Please use a scale ranging from 0 (completely dissatisfied) to 10 (completely satisfied). You can use 0 or 10 or any number in between.



3. How satisfied are you with your psychological health, emotions and mood in the past four weeks?

Please use a scale ranging from 0 (completely dissatisfied) to 10 (completely satisfied). You can use 0 or 10 or any number in between.

