

E-mail: NorSCIR@stolav.no
www.norscir.no

Information of patient (Barcode)	
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.

0 1 2 3 4 5 6 7 8 9 10
 Completely dissatisfied Completely satisfied

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.

0 1 2 3 4 5 6 7 8 9 10
 Completely dissatisfied Completely satisfied

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.

0 1 2 3 4 5 6 7 8 9 10
 Completely dissatisfied Completely satisfied