Life satisfaction in the multimorbidity context

Dear Sir or Madame!

We kindly ask you to answer the following questions. They concern older adults' well-being and their health status.
Please respond honestly. The survey is anonymous and voluntary, and the results will be used solely for research purposes.
By completing the questionnaire, you are giving your informed consent to participate in the study.

On behalf of the Research Team,
I would like to thank Dr. Urszula Michalik-Marcinkowska

1. How do you rate your health on a scale of 1-10 (1- the worst health, 10- the best)……

2. Please rate on a scale of 1-7, where:

1- strongly disagree,
2- disagree,
3- slightly disagree,
4- neither agree nor disagree,
5- slightly agree,
6- agree,
7- strongly agree

Statement	*1*	*2*	*3*	*4*	*5*	*6*	*7*
In most ways my life is close to my ideal							
The conditions of my life are excellent.							
I am satisfied with my life							
So far I have gotten the important things I want in life							
If I could live my life over, I would change almost nothing							

Personal and health information:

1. Gender: a. female b. male
2. Age : …… years
3. Place of residence: a. urban area b. rural area
4. Marital status: a. in a relationship b. single
5. Education level: a. primary b. vocational c. secondary d. higher
6. Family status: a. with family b. alone

7. Please indicate which chronic diseases you have been diagnosed with:

a) cancer
b) metabolic diseases (e.g. diabetes, osteoporosis, gout, obesity),
c) mental and behavioral disorders (e.g. depression, neurosis, anxiety)
d) cardiovascular diseases (e.g. hypertension, atherosclerosis, arrhythmia, stroke),
e) diseases of the musculoskeletal system (e.g. osteoarthritis, rheumatism, discopathy),
f) respiratory diseases (e.g. chronic obstructive pulmonary disease, bronchial asthma)
g) Major Geriatric Syndromes (e.g. urinary incontinence, falls, vision/hearing problems)
h) I do not suffer from any illnesses