

Mental Health Survey (Self administered) (Ask older person aged 60 and over and care giver)

REG	CWT	AMP	TMB	AREA	ED	BLK_VIL	PSU_NO	MONTH_YR	HH_NO
<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"/>
1	4	8	9	12	14	18	22		

The following questions concern your psychological experiences during past month

Record code "1 - 4" in according to your opinion or feeling.

No = 1 A little = 2 Much = 3 Very much = 4

REC_NO 34

- For persons aged 60 and over, record line no. and name from questionnaire SPS.54 (Long form) into A1 and A2
- For care giver, record line no. and name of the person whom the caregiver take care of and check "X" in "CG"

- You are satisfied with your life
- You feel relaxed/at ease.....
- You feel bored with your daily life
- You feel disappointed in yourself
- You feel that your life is unhappy.....
- You can accept a bad situation that is hard to be solved (when a problem occurs).....
- You are confident you can control yourself when something bad or serious happens.....
- You are confident you can face bad situations in your life
- You feel sympathy when seeing someone in trouble
- You feel happy when helping someone in trouble
- You help people when you have a chance
- You feel proud of yourself
- You feel secure and safe with your family
- You believe that your family will take good care of you when you are seriously ill
- Your family members love and care for each other.....

A1	32	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
A2	name.....	name.....	name.....	name.....	
CG	35	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M01	36	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M02	37	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M03	38	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M04	39	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M05	40	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M06	41	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M07	42	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M08	43	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M09	44	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M10	45	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M11	46	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M12	47	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M13	48	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M14	49	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M15	50	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>