

### Satisfaction With Life Scale (SWLS) Form

Name: \_\_\_\_\_

\* Record Date: \_\_\_\_\_

Division: \_\_\_\_\_

Care Start Date: \_\_\_\_\_

\* Care Type: \_\_\_\_\_

\* Score Type: \_\_\_\_\_

Score: \_\_\_\_\_

Below are five statements with which you may agree or disagree. Using the scale below, indicate your agreement with each item by choosing the appropriate number associated with each item. Please be open and honest in responding.

	1 Strongly Disagree	2 Disagree	3 Slightly Disagree	4 Neither Agree or Disagree	5 Slightly Agree	6 Agree	7 Strongly Agree
* 1. In most ways my life is close to my ideal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 2. The conditions of my life are excellent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 3. I am satisfied with my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 4. So far, I have gotten the important things I want in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 5. If I could live my life over, I would change almost nothing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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