

Date: Day <input type="text"/> Month <input type="text"/> Year <input type="text"/>				Survey area: <input type="text"/>			
Pollster's name: <input type="text"/>				Reviewed by: <input type="text"/>			
<p>During the collecting, typing and handling process of the data provided by you, there will be no way to identify your responses. Likewise, audiovisual products (photographs and videos) will be collected during the study that could be disseminated on the web, academic studies and POLIS social networks. Given the above, are you willing to participate in this survey?</p>						1 <input type="checkbox"/> Sí	2 <input type="checkbox"/> No
A. DEMOGRAPHIC DATA							
1. Year of birth: <input style="width: 100%;" type="text"/>				4. According to your culture, people, or physical features, you are or are recognized as:			
2. Gender 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 3 <input type="checkbox"/> Otro, ¿cuál? <input style="width: 100%;" type="text"/>				1 <input type="checkbox"/> Indigenous 2 <input type="checkbox"/> Gypsy 3 <input type="checkbox"/> Raizal from San Andres, Providencia and Santa Catalina Archipelago 4 <input type="checkbox"/> Palenquero from San Basilio 5 <input type="checkbox"/> Black, mulatto (Afro-descendant), Afro-Colombian 6 <input type="checkbox"/> None of the above			
3. What is the socio-economic status of your home? 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>				5. How many years of education did your parents receive? 1. Father <input style="width: 100%;" type="text"/> 2. Mother <input style="width: 100%;" type="text"/> 99 <input type="checkbox"/> DK 99 <input type="checkbox"/> DK			
B. SUBJECTIVE WELLBEING							
6. In general, how satisfied are you with all aspects of your life? Not satisfied <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> Totally satisfied							
<p>The following questions are about how you felt yesterday on a scale of 0 to 10. Zero means that you didn't experience these feelings "at no time" while 10 means that you experienced these feelings "all the time".</p>							
7. How happy did you feel yesterday? At no time <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> All the time							
8. How much did you laugh yesterday? At no time <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> All the time							
9. Did you learn new or exciting things yesterday? At no time <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> All the time							
10. How much did you enjoy the activities you did yesterday? At no time <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> All the time							
11. How worried did you feel yesterday? <input type="checkbox"/> At no time <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> All the time							
12. How depressed did you feel yesterday? At no time <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> All the time							
13. How angry did you feel yesterday? <input type="checkbox"/> At no time <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> All the time							
14. How much stress did you feel yesterday? <input type="checkbox"/> At no time <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> All the time							
15. How lonely or unsupported did you feel yesterday? At no time <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 <input type="text"/> 10 <input type="text"/> All the time							

C. HEALTH

16. Next, you will be asked questions about your emotional state. Please answer on a scale of 0 to 4, where 0 is 'never', 1 is 'almost never', 2 is 'sometimes', 3 is 'fairly often,' and 4 is 'very often', how often you experienced the following feelings during the last month:

	Never	almost never	sometimes	fairly often	very often
1. In the last month, how often have you been upset because of something that happened unexpectedly?	0	1	2	3	4
2. In the last month, how often have you felt that you were unable to control the important things in your life?	0	1	2	3	4
3. In the last month, how often have you felt nervous and stressed?	0	1	2	3	4
4. In the last month, how often have you felt confident about your ability to handle your personal problems?	0	1	2	3	4
5. In the last month, how often have you felt that things were going your way?	0	1	2	3	4
6. In the last month, how often have you found that you could not cope with all the things that you had to do?	0	1	2	3	4
7. In the last month, how often have you been able to control irritations in your life?	0	1	2	3	4
8. In the last month, how often have you felt that you were on top of things?	0	1	2	3	4
9. In the last month, how often have you been angered because of things that happened that were outside of your control?	0	1	2	3	4
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	0	1	2	3	4

Next, you will be asked questions about your emotional state. Please answer on a scale of 0 to 3, where 0 is 'Not at all', 1 is 'several days', 2 is 'more than half of the days', and 3 is 'Nearly every day'.

17. Over the last two weeks, how often have you been bothered by the following problems?:

	Not at all	Several days	More than half days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

18. Over the last 2 weeks, how often have you been bothered by any of the following problems?:

	Not at all	Several days	More than half days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3