

Date: Day Month Year

Survey area:
Pollster's name:
Reviewed by:

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?

 1 Si

 2 No

A. DEMOGRAPHIC DATA

1. Year of birth:

2. Gender

 1 Male

 2 Female

 3 Otro, ¿cuál? _____

4. According to your culture, people, or physical features, you are or are recognized as:

 1 Indigenous

 2 Gypsy

 3 Raizal from San Andres, Providencia and Santa Catalina Archipelago

 4 Palenquero from San Basilio

 5 Black, mulatto (Afro-descendant), Afro-Colombian

 6 None of the above

3. What is the socio-economic status of your home?

 1
 2
 3

 4
 5
 6
5. How many years of education did your parents receive?

1. Father

2. Mother

 99 DK

 99 DK

B. SUBJECTIVE WELLBEING

6. In general, how satisfied are you with all aspects of your life?

 Not satisfied

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

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".

7. How happy did you feel yesterday?

 At no time

0	1	2	3	4	5	6	7	8	9	10
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 All the time

8. How much did you laugh yesterday?

 At no time

0	1	2	3	4	5	6	7	8	9	10
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 All the time

9. Did you learn new or exciting things yesterday?

 At no time

0	1	2	3	4	5	6	7	8	9	10
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 All the time

10. How much did you enjoy the activities you did yesterday?

 At no time

0	1	2	3	4	5	6	7	8	9	10
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 All the time

11. How worried did you feel yesterday?□

 At no time

0	1	2	3	4	5	6	7	8	9	10
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 All the time

12. How depressed did you feel yesterday?

 At no time

0	1	2	3	4	5	6	7	8	9	10
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 All the time

13. How angry did you feel yesterday?□

 At no time

0	1	2	3	4	5	6	7	8	9	10
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 All the time

14. How much stress did you feel yesterday?□

 At no time

0	1	2	3	4	5	6	7	8	9	10
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 All the time

15. How lonely or unsupported did you feel yesterday?

 At no time

0	1	2	3	4	5	6	7	8	9	10
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 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:

1. In the last month, how often have you been upset because of something that happened unexpectedly?
2. In the last month, how often have you felt that you were unable to control the important things in your life?
3. In the last month, how often have you felt nervous and stressed?
4. In the last month, how often have you felt confident about your ability to handle your personal problems?
5. In the last month, how often have you felt that things were going your way?
6. In the last month, how often have you found that you could not cope with all the things that you had to do?
7. In the last month, how often have you been able to control irritations in your life?
8. In the last month, how often have you felt that you were on top of things?
9. In the last month, how often have you been angered because of things that happened that were outside of your control?
10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Never almost sometimes fairly very
never never sometimes often often

0	1	2	3	4
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0	1	2	3	4
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0	1	2	3	4
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0	1	2	3	4
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0	1	2	3	4
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0	1	2	3	4
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0	1	2	3	4
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0	1	2	3	4
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0	1	2	3	4
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0	1	2	3	4
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0	1	2	3	4
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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
2. Not being able to stop or control worrying
3. Worrying too much about different things
4. Trouble relaxing
5. Being so restless that it is hard to sit still
6. Becoming easily annoyed or irritable
7. Feeling afraid, as if something awful might happen

0	1	2	3
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0	1	2	3
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0	1	2	3
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0	1	2	3
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0	1	2	3
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0	1	2	3
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0	1	2	3
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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
2. Feeling down, depressed, or hopeless
3. Trouble falling or staying asleep, or sleeping too much
4. Feeling tired or having little energy
5. Poor appetite or overeating
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down
7. Trouble concentrating on things, such as reading the newspaper or watching television
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
9. Thoughts that you would be better off dead, or of hurting yourself

0	1	2	3
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0	1	2	3
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0	1	2	3
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0	1	2	3
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0	1	2	3
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0	1	2	3
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0	1	2	3
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0	1	2	3
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0	1	2	3
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