NORTHEAST REHABILITATION HOSPITAL NETWORK

Outpatient Therapy
Life Satisfaction Questionnaire 9

Name:
MR#:
Date:

The Life Satisfaction Questionnaire 9 (LiSAT-9)

Instructions: How satisfactory are these different aspects of your life? Indicate the number that best describes your situation.

	Very Dissatisfying	Dissatisfying	Rather Dissatisfying	Rather Satisfying	Satisfying	Very Satisfying
Life as a whole is	1	2	3	4	5	6
My vocational situation is	1	2	3	4	5	6
My financial situation is	1	2	3	4	5	6
My leisure situation is	1	2	3	4	5	6
My contact with friends and acquaintances are	1	2	3	4	5	6
My sexual life is	1	2	3	4	5	6
My ability to manage my self-care (dressing, hygiene, transfers, etcetera) is	1	2	3	4	5	6
My family life is	1	2	3	4	5	6
My partner relationship is	1	2	3	4	5	6

Patient Signature

Date/Time