

**Annex 1****Perceived social support questionnaire - MOS**

A. Approximately how many close friends or close relatives do you have? (People who feel comfortable with you and can talk about what you feel and think)

1. Write the number of close friends and close relatives: .....

B. Put an X in the box that best matches your answer.	Never	Rarely	Sometimes	Usually	Forever
2. Someone to help you when you have to be in Bed.					
3. Someone you can count on when you need to talk.					
4. Someone to advise you when you have problems					
5. Someone to take you to the doctor when you need it					
6. Someone to show you love and affection					
7. Someone to have a good time with					
8. Someone to inform you and help you understand the Situation.					
9. Someone to trust or with whom to talk about themselves yourself and your worries.					
10. Someone to hug you					
11. Someone I can relax with					
12. Someone to prepare food for you if you can't do it					
13. Someone whose advice you really want					
14. Someone to do things with that serve you forget the problems.					
15. Someone to help you with housework					
16. Someone to share your fears with intimate problems					
17. Someone to advise you on how to solve your personal problems					
18. Someone to have fun with					
19. Someone who understands your problems.					
20. Someone to love and feel loved.					

**Annex 2**

**Quality of life scale - WHOQOL-BREF**

**Instructions:** This questionnaire is to find out your opinion about your quality of life, your health and other areas of your life. Please answer all questions. If you are not sure which answer to give to a question, choose the one that seems most appropriate. Sometimes this may be the first answer that comes to mind. Keep in mind your way of life, expectations, pleasures and concerns. We ask you to think about your life during the last two weeks.

Questions	Very bad	Regularly	Normal	Quite good	Very good
1. How would you rate your quality of life?	1	2	3	4	5
2. How satisfied are you with your health?	1	2	3	4	5
3. To what extent do you think that (physical) pain prevents you from doing what you need to do?	1	2	3	4	5
4. To what extent do you need medical treatment to function in your daily life?	1	2	3	4	5
5. How much do you enjoy life?	1	2	3	4	5
6. To what extent do you feel that your life has meaning?	1	2	3	4	5
7. What is your ability to concentrate?	1	2	3	4	5
8. How secure do you feel in your daily life?	1	2	3	4	5
9. How healthy is the physical environment around you?	1	2	3	4	5
10. Does it have enough energy for life?	1	2	3	4	5
11. Are you able to accept your physical appearance?	1	2	3	4	5
12. Do you have enough money to cover your needs?	1	2	3	4	5
13. do you have the information you need for your daily life?	1	2	3	4	5
14. To what extent do you have opportunities for leisure activities?	1	2	3	4	5
15. Are you able to move from one place to another?	1	2	3	4	5
16. How satisfied are you with your dream?	1	2	3	4	5
17. How satisfied are you with your ability to carry out your activities of daily living?	1	2	3	4	5
18. How satisfied are you with your ability to work?	1	2	3	4	5
19. How satisfied are you with yourself?	1	2	3	4	5
20. How satisfied are you with your personal relationships?	1	2	3	4	5
21. How satisfied are you with your sex life?	1	2	3	4	5
22. How satisfied are you with the support you get from your friends?	1	2	3	4	5
23. How satisfied are you with the conditions of the place where you live?	1	2	3	4	5

24. How satisfied are you with your access to health services?	1	2	3	4	5
25. How satisfied are you with the transport services in your area?	1	2	3	4	5
26. How often do you have negative feelings, such as sadness, hopelessness, anxiety, or depression?	1	2	3	4	5