GENERALIZED CONTENTMENT SCALE (GCS)

Name: _____ Today's Date: _____

This questionnaire is designed to measure the way you feel about your life and surroundings. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

1 = None of the time
2 = Very rarely
3 = A little of the time
4 = Some of the time
5 = A good part of the time
6 = Most of the time
7 = All of the time

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1. ____ I feel powerless to do anything about my life.
2. ____ I feel blue.
3. ____ I think about ending my life.
4. ____ I have crying spells.
5. ____ It is easy for me to enjoy myself.
6. ____ I have a hard time getting started on things that I need to do.
7. ____ I get very depressed.
8. ____ I feel there is always someone I can depend on when things get tough.
9. ____ I feel that the future looks bright for me.
10. ____ I feel downhearted.
11. ____ I feel that I am needed.
12. ____ I feel that I am appreciated by others.
13. ____ I enjoy being active and busy.
14. ____ I feel that others would be better off without me.
15. ____ I enjoy being with other people.
16. ____ I feel that it is easy for me to make decisions.
17. ____ I feel downtrodden.
18. ____ I feel terribly lonely.
19. ____ I get upset easily.
20. ____ I feel that nobody really cares about me.
21. ____ I have a full life.
22. ____ I feel that people really care about me.
23. ____ I have a great deal of fun.
24. ____ I feel great in the morning.
25. ____ I feel that my situation is hopeless.

SAMPLE

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5, 8, 9, 11, 12, 13, 15, 16, 21, 22, 23, 24.