|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | **Delighted** | **Pleased** | **Mostly Satisfied** | **Mixed equally satisfied and dissatisfied** | **Mostly dissatisfied** | **Unhappy** | **Terrible** |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|  | 0 | 1 | 2 | 3 | 4 | 5 | 6 |

**Quality of Life Statement:** If you were to spend the rest of your life with your women’s health condition just the way it is now, how would you feel about that?