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|  | 复康 |

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|  | 请选出你在过去半年的情况 | 没有 | 颇少 | 一般 | 颇多 | 很多 |
|  | 病情有多少好转 | 1 | 2 | 3 | 4 | 5 |
|  | 满意你的病情处理情况 | 1 | 2 | 3 | 4 | 5 |
|  | 赞赏别人对你病情的处理 | 1 | 2 | 3 | 4 | 5 |
|  | 病情的压力 | 1 | 2 | 3 | 4 | 5 |
|  | 担心病情 | 1 | 2 | 3 | 4 | 5 |
|  | 病情未如理想 | 1 | 2 | 3 | 4 | 5 |