

Name _____ Section _____ Date _____

**WELLNESS WORKSHEET 23**The General Well-Being Scale

For each question, choose the answer that best describes how you have felt and how things have been going for you *during the past month*.

1. How have you been feeling in general?
 - 5 _____ In excellent spirits
 - 4 _____ In very good spirits
 - 3 _____ In good spirits mostly
 - 2 _____ I've been up and down in spirits a lot
 - 1 _____ In low spirits mostly
 - 0 _____ In very low spirits

2. Have you been bothered by nervousness or your "nerves"?
 - 0 _____ Extremely so—to the point where I could not work or take care of things
 - 1 _____ Very much so
 - 2 _____ Quite a bit
 - 3 _____ Some—enough to bother me
 - 4 _____ A little
 - 5 _____ Not at all

3. Have you been in firm control of your behavior, thoughts, emotions, or feelings?
 - 5 _____ Yes, definitely so
 - 4 _____ Yes, for the most part
 - 3 _____ Generally so
 - 2 _____ Not too well
 - 1 _____ No, and I am somewhat disturbed
 - 0 _____ No, and I am very disturbed

4. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile?
 - 0 _____ Extremely so—to the point I have just about given up
 - 1 _____ Very much so
 - 2 _____ Quite a bit
 - 3 _____ Some—enough to bother me
 - 4 _____ A little bit
 - 5 _____ Not at all

(over)

WELLNESS WORKSHEET 23 — continued

5. Have you been under or felt you were under any strain, stress, or pressure?
- 0 ____ Yes—almost more than I could bear
 - 1 ____ Yes—quite a bit of pressure
 - 2 ____ Yes—some, more than usual
 - 3 ____ Yes—some, but about usual
 - 4 ____ Yes—a little
 - 5 ____ Not at all
6. How happy, satisfied, or pleased have you been with your personal life?
- 5 ____ Extremely happy—couldn't have been more satisfied or pleased
 - 4 ____ Very happy
 - 3 ____ Fairly happy
 - 2 ____ Satisfied—pleased
 - 1 ____ Somewhat dissatisfied
 - 0 ____ Very dissatisfied
7. Have you had reason to wonder if you were losing your mind or losing control over the way you act, talk, think, feel, or of your memory?
- 5 ____ Not at all
 - 4 ____ Only a little
 - 3 ____ Some, but not enough to be concerned
 - 2 ____ Some, and I've been a little concerned
 - 1 ____ Some, and I am quite concerned
 - 0 ____ Much, and I'm very concerned
8. Have you been anxious, worried, or upset?
- 0 ____ Extremely so—to the point of being sick, or almost sick
 - 1 ____ Very much so
 - 2 ____ Quite a bit
 - 3 ____ Some—enough to bother me
 - 4 ____ A little bit
 - 5 ____ Not at all
9. Have you been waking up fresh and rested?
- 5 ____ Every day
 - 4 ____ Most every day
 - 3 ____ Fairly often
 - 2 ____ Less than half the time
 - 1 ____ Rarely
 - 0 ____ None of the time
- (over)*

WELLNESS WORKSHEET 23 — continued

10. Have you been bothered by any illness, bodily disorder, pain, or fears about your health?

- 0 ____ All the time
- 1 ____ Most of the time
- 2 ____ A good bit of the time
- 3 ____ Some of the time
- 4 ____ A little of the time
- 5 ____ None of the time

11. Has your daily life been full of things that are interesting to you?

- 5 ____ All the time
- 4 ____ Most of the time
- 3 ____ A good bit of the time
- 2 ____ Some of the time
- 1 ____ A little of the time
- 0 ____ None of the time

12. Have you felt downhearted and blue?

- 0 ____ All the time
- 1 ____ Most of the time
- 2 ____ A good bit of the time
- 3 ____ Some of the time
- 4 ____ A little of the time
- 5 ____ None of the time

13. Have you been feeling emotionally stable and sure of yourself?

- 5 ____ All the time
- 4 ____ Most of the time
- 3 ____ A good bit of the time
- 2 ____ Some of the time
- 1 ____ A little of the time
- 0 ____ None of the time

(over)

WELLNESS WORKSHEET 23 — continued

14. Have you felt tired, worn out, used-up, or exhausted?

- 0 _____ All the time
- 1 _____ Most of the time
- 2 _____ A good bit of the time
- 3 _____ Some of the time
- 4 _____ A little of the time
- 5 _____ None of the time

Circle the number that seems closest to how you have felt generally *during the past month*.

15. How concerned or worried about your health have you been?

Not concerned at all	10	8	6	4	2	0	Very concerned
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16. How relaxed or tense have you been?

Very relaxed	10	8	6	4	2	0	Very tense
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17. How much energy, pep, and vitality have you felt?

No energy at all, listless	0	2	4	6	8	10	Very energetic, dynamic
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18. How depressed or cheerful have you been?

Very depressed	0	2	4	6	8	10	Very cheerful
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Scoring

Add up all the points for the answers you have chosen, and find your score below.

- 81–110 Positive well-being
- 76–80 Low positive
- 71–75 Marginal
- 56–70 Stress problem
- 41–55 Distress
- 26–40 Serious
- 0–25 Severe