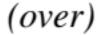


For each question, choose the answer that best describes how you have felt and how things have been going for you *during the past month*.

- 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



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## 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



## 0 \_\_\_\_\_ None of the time



## 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

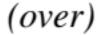
4 \_\_\_\_\_ Most of the time

3 \_\_\_\_\_ A good bit of the time

2 \_\_\_\_\_ Some of the time

1 \_\_\_\_\_ A little of the time

0 \_\_\_\_\_ None of the time



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## 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                 | 10 | 8 | 6 | 4 | 2 | 0 | Very      |
|---------------------|----|---|---|---|---|---|-----------|
| concerned<br>at all |    |   |   |   |   |   | concerned |
| at an               |    |   |   |   |   |   |           |

16. How relaxed or tense have you been?

Very<br/>relaxed1086420Very<br/>tense

17. How much energy, pep, and vitality have you felt?

| No energy | 0 | 2 | 4 | 6 | 8 | 10 | Very       |
|-----------|---|---|---|---|---|----|------------|
| at all,   |   |   |   |   |   |    | energetic, |
| listless  |   |   |   |   |   |    | dynamic    |

18. How depressed or cheerful have you been?

Very0246810Verydepressed246810cheerful

### Scoring

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

81–110Positive well-being76–80Low positive71–75Marginal56–70Stress problem41–55Distress26–40Serious0–25Severe

#### SOURCE: National Center for Health Statistics, General Well-Being Scale (GWBS).