



WELLNESS ASSESSMENT

CLIENT NAME: _____ DATE: _____

How much do the following problems bother you?

| | Not at all | A little | Some what | A lot |
|--------------------------------------|------------|----------|-----------|-------|
| 1. Nervousness/Shakiness | () | () | () | () |
| 2. Feeling sad or blue | () | () | () | () |
| 3. Feeling hopeless about the future | () | () | () | () |
| 4. Feeling everything is an effort | () | () | () | () |
| 5. Feeling no interest in things | () | () | () | () |
| 6. Your heart pounding/racing | () | () | () | () |
| 7. Trouble sleeping | () | () | () | () |
| 8. Feeling fearful or afraid | () | () | () | () |
| 9. Difficulty at home | () | () | () | () |
| 10. Difficulty socially | () | () | () | () |
| 11. Difficult at work or school | () | () | () | () |

How much do you agree with the following?

| | Strongly Agree | Agree | Disagree | Strongly Disagree |
|--|----------------|-------|----------|-------------------|
| 12. I feel good about myself | () | () | () | () |
| 13. I can deal with my problems | () | () | () | () |
| 14. I am able to accomplish things | () | () | () | () |
| 15. I have friends/family I count on | () | () | () | () |
| 16. In the past week, approximately how many drinks of alcohol did you have? _____ | | | | |

Please answer the following questions only if this is your first time completing this questionnaire.

- 17. In general, would you say your health is:
 Excellent Very Good Good Fair Poor
- 18. Please indicate if you have a serious or chronic medical condition:
 Asthma Diabetes Heart Disease Chronic Pain Other
- 19. In the past 6 months, how many times did you visit a medical doctor?
 None 1 2-3 4-5 6+
- 20. In the past month, how many days were you unable to work because of your physical or mental health? _____ Days
- 21. In the past month have you ever felt you ought to cut down on your drinking or drug use?
 Yes No
- 22. In the past month have you ever felt annoyed by people criticizing your drinking or drug use?
 Yes No
- 23. In the past month have you felt bad or guilty about your drinking or drug use?
 Yes No