



Adult Wellbeing

Today's Date: _____ **Name:** _____ **Date of Birth:** _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Feeling nervous, anxious, or on edge	0	1	2	3
4. Not being able to stop or control worrying	0	1	2	3

Has there ever been a period of time when you were not your usual self and...	No	Yes
5. ... you felt so good or full of energy that other people thought you were not your normal self or it got you into trouble? (e.g., unable to sleep, over-spending, gambling)	<input type="checkbox"/>	<input type="checkbox"/>
6. ...you were so irritable that you shouted at people or started fights or arguments?	<input type="checkbox"/>	<input type="checkbox"/>

During the past year:	No	Yes
7. Have you had 4 or more drinks (women) / 5 or more drinks (men) in a day?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you used an illegal drug or used a prescription drug for a non-medical reason?	<input type="checkbox"/>	<input type="checkbox"/>






Over the last 4 weeks:	No	Yes
9. Have you had a problem with sleep more than occasionally? (This could include: trouble falling asleep, waking frequently, or sleeping too much.)	<input type="checkbox"/>	<input type="checkbox"/>

10. Circle the number or description that most accurately describes your daily activities, social activities and overall health in the past 4 weeks.

DAILY ACTIVITIES






During the past 4 weeks . . .

How much difficulty have you had doing your usual activities or task, both inside and outside the house because of your physical and emotional health ?

No difficulty at all		1
A little bit of difficulty		2
Some difficulty		3
Much difficulty		4
Could not do		5

SOCIAL ACTIVITIES






Has your physical and emotional health limited your social activities with family, friends, neighbors or groups ?

Not at all		1
Slightly		2
Moderately		3
Quite a bit		4
Extremely		5

OVERALL HEALTH

During the past 4 weeks . . .

How would you rate your health in general ?

Excellent		1
Very good		2
Good		3
Fair		4
Poor		5