



WELLNESS SURVEY

Name: _____ Date: _____

Please answer the following in terms of how you felt this past week. This information is helpful to your provider.

Answer each item with one of the following:

- 0 Not true of me
- 1 Somewhat true of me
- 2 True of me
- 3 Very true of me

1. _____ I am very critical of myself.
2. _____ I worry about things all the time.
3. _____ I frequently have an upset stomach, diarrhea, or other GI problems.
4. _____ I frequently have thoughts of suicide.
5. _____ I feel sad or blue a lot.
6. _____ I often feel tense and nervous.
7. _____ I try to avoid some people, place, or situations.
8. _____ I am often hopeless about the future and don't believe things can improve.
9. _____ My use of alcohol is a problem.
10. _____ My use of drugs is a problem.
11. _____ The use of alcohol/drugs by someone close to me is hurting my life.
12. _____ I never know whether I'm going to be happy, sad, or angry.
13. _____ I often lose my temper.
14. _____ I am angry all the time.
15. _____ I get in trouble because I act without thinking.
16. _____ My spouse/partner and I have trouble getting along.
17. _____ I'm having trouble with my children.
18. _____ I frequently feel lonely.
19. _____ I lack self-confidence.
20. _____ My problems are hurting my job (or work) performance.
21. _____ I have not been taking care of my health.
22. _____ I feel shy.
23. _____ I wish I had more friends.
24. _____ I frequently go out of my way to avoid conflict.
25. _____ I don't have any energy.

Rev. 2014