

## Wellness Assessment - Adult

Completing this brief questionnaire will help us provide services that meet your needs. Answer each question as best you can and then review your responses with your clinician. Please shade circles like this

best you can and then review your responses with your en	inclair. I lease she			
Client Last Name First Name			Date of Birth: (mm/do	1/yy)
Subscriber ID Author	prization #			
Clinician Last Name First Name			Today's Date: (mm/dd	1/yy)
Clinician ID/Tax ID Clinician Phone			State	$MRef \bigcirc$
Visit #: $\bigcirc 1 \text{ or } 2$ $\bigcirc 3 \text{ to } 5$ $\bigcirc \text{Other}$				
			u o ole	
<i>For questions 1-16, please think about you</i>		ae past v A Little	Somewhat	A Lot
How much did the following problems bother you?			_	
1. Nervousness or shakiness	0	0	0	0
<ol> <li>Feeling sad or blue</li> <li>Feeling hopeless about the future</li> </ol>	0	0	0	0
<ol> <li>Feeling everything is an effort</li> </ol>	0	0 0	0	0 0
5. Feeling no interest in things	$\bigcirc$	0	0	0
<ol> <li>6. Your heart pounding or racing</li> </ol>	0	0	0	0
7. Trouble sleeping	0	0	0	0
8. Feeling fearful or afraid	0	$\circ$	0	0
9. Difficulty at home	0	0	0	0
10. Difficulty socially	0	0	0	0
	0	0	0	0
11. Difficulty at work or school		-	-	
How much do you agree with the following?	Strongly Agree	Agree		trongly Disagree
12. I feel good about myself	0	0	0	0
<ul><li>13. I can deal with my problems</li><li>14. I am able to accomplish the things I want</li></ul>	0	0	0	0
15. I have friends or family that I can count on for help	0	0	0	0
16. In the past week, approximately how many drinks of al	cohol did you ha	ve?		Drinks
	control and you ha	vC:		
Please answer the following questions only if this is your first time completing this questionnaire.				
	cellent O Very	Good	O Good O I	Fair O Poor
18. Please indicate if you have a serious or chronic medica O Asthma O Diabetes O Heart Disease O Back		hronic P	ain O Othe	r Condition
19. In the past 6 months, how many times did you visit a n				$2-3 \bigcirc 4-5 \bigcirc 6+$
20. In the past month, how many days were you unable to				
mental health?		5 1 5	mployed)	Days
21. In the past month, how many days were you able to work but had to cut back on how much you got done because of your physical or mental health? <i>(answer only if employed)</i>				
<ul><li>22. In the past month have you ever felt you ought to cut d</li><li>23. In the past month have you ever felt annoyed by people</li></ul>	e criticizing your	drinking	•	OYes ONo OYes ONo
24. In the past month have you felt bad or guilty about you	r drinking or drug	g use?		O Yes O No
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