

## THE GENERAL WELL-BEING INDEX

*READ: This inventory contains questions about how you feel and how things have been going with you. For each question check [ ] the answer which best applies to you.*

**1. How have you been feeling in general during the past month?**

(Check one box)

- |  |                            |
|--|----------------------------|
| In excellent spirits .....                     | <input type="checkbox"/> 5 |
| In very good spirits .....                     | <input type="checkbox"/> 4 |
| In good spirits mostly .....                   | <input type="checkbox"/> 3 |
| I have been up and down in spirits a lot ..... | <input type="checkbox"/> 2 |
| In low spirits mostly .....                    | <input type="checkbox"/> 1 |
| In very low spirits .....                      | <input type="checkbox"/> 0 |

**2. How often were you bothered by any illness, bodily disorder, aches or pains during the past month?**

(Check one box)

- |   |                            |
|---|----------------------------|
| Every day .....                                 | <input type="checkbox"/> 0 |
| Almost every day .....                          | <input type="checkbox"/> 1 |
| About half of the time .....                    | <input type="checkbox"/> 2 |
| Now and then, but less than half the time ..... | <input type="checkbox"/> 3 |
| Rarely .....                                    | <input type="checkbox"/> 4 |
| None of the time .....                          | <input type="checkbox"/> 5 |

**3. Did you feel depressed during the past month?**

(Check one box)

- |   |                            |
|---|----------------------------|
| Yes - to the point that I felt like taking my life .....    | <input type="checkbox"/> 0 |
| Yes - to the point that I did not care about anything ..... | <input type="checkbox"/> 1 |
| Yes - very depressed almost every day .....                 | <input type="checkbox"/> 2 |
| Yes - quite depressed several times .....                   | <input type="checkbox"/> 3 |
| Yes - a little depressed now and then .....                 | <input type="checkbox"/> 4 |
| No - never felt depressed at all .....                      | <input type="checkbox"/> 5 |

**4. Have you been in firm control of your behavior, thoughts, emotions or feelings during the past month?**

(Check one box)

- |                                       |                            |
|---------------------------------------|----------------------------|
| Yes, definitely so .....              | <input type="checkbox"/> 5 |
| Yes, for the most part .....          | <input type="checkbox"/> 4 |
| Generally so .....                    | <input type="checkbox"/> 3 |
| Not too well .....                    | <input type="checkbox"/> 2 |
| No, and I am somewhat disturbed ..... | <input type="checkbox"/> 1 |
| No, and I am very disturbed .....     | <input type="checkbox"/> 0 |

**5. Have you been bothered by nervousness or your "nerves" during the past month?**

(Check one box)

- |   |                            |
|---|----------------------------|
| Extremely so - to the point where I could not work or take care of things ..... | <input type="checkbox"/> 0 |
| Very much so .....  | <input type="checkbox"/> 1 |
| Quite a bit .....   | <input type="checkbox"/> 2 |
| Some - enough to bother me .....  | <input type="checkbox"/> 3 |
| A little .....  | <input type="checkbox"/> 4 |
| Not at all .....  | <input type="checkbox"/> 5 |

**6. How much energy, pep, or vitality did you have or feel during the past month?**

(Check one box)

- Very full of energy - lots of pep .....  5  
 Fairly energetic most of the time .....  4  
 My energy level varied quite a bit .....  3  
 Generally low in energy or pep .....  2  
 Very low in energy or pep most of the time .....  1  
 No energy or pep at all - I felt drained, sapped .....  0

**7. I felt downhearted and blue during the past month.**

(Check one box)

- None of the time .....  5  
 A little of the time .....  4  
 Some of the time .....  3  
 A good bit of the time .....  2  
 Most of the time .....  1  
 All of the time .....  0

**8. Were you generally tense or did you feel any tension during the past month?**

(Check one box)

- Yes - extremely tense, most or all of the time .....  0  
 Yes - very tense most of the time .....  1  
 Not generally tense, but did feel fairly tense several times .....  2  
 I felt a little tense a few times .....  3  
 My general tension level was quite low .....  4  
 I never felt tense or any tension at all .....  5

**9. How happy, satisfied, or pleased have you been with your personal life during the past month?**

(Check one box)

- Extremely happy - could not have been more satisfied or pleased .....  5  
 Very happy most of the time .....  4  
 Generally satisfied - pleased .....  3  
 Sometimes fairly happy, sometimes fairly unhappy .....  2  
 Generally dissatisfied or unhappy .....  1  
 Very dissatisfied or unhappy most or all the time .....  0

**10. Did you feel healthy enough to carry out the things you like to do or had to do during the past month?**

(Check one box)

- Yes - definitely so .....  5  
 For the most part .....  4  
 Health problems limited me in some important ways .....  3  
 I was only healthy enough to take care of myself .....  2  
 I needed some help in taking care of myself .....  1  
 I needed someone to help me with most or all of the things I had to do .....  0

**11. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile during the past month?**

(Check one box)

- Extremely so - to the point that I have just about given up .....  0  
 Very much so .....  1  
 Quite a bit .....  2  
 Some - enough to bother me .....  3  
 A little bit .....  4  
 Not at all .....  5

**12. I woke up feeling fresh and rested during the past month.**

(Check one box)

- None of the time .....  0  
 A little of the time .....  1  
 Some of the time .....  2  
 A good bit of the time .....  3  
 Most of the time .....  4  
 All of the time .....  5

**13. Have you been concerned, worried, or had any fears about your health during the past month?**

(Check one box)

- Extremely so .....  0  
 Very much so .....  1  
 Quite a bit .....  2  
 Some, but not a lot .....  3  
 Practically never .....  4  
 Not at all .....  5

**14. Have you had any reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel or of your memory during the past month?**

(Check one box)

- Not at all .....  5  
 Only a little .....  4  
 Some - but not enough to be concerned or worried about .....  3  
 Some and I have been a little concerned .....  2  
 Some and I am quite concerned .....  1  
 Yes, very much so and I am very concerned .....  0

**15. My daily life was full of things that were interesting to me during the past month.**

(Check one box)

- None of the time .....  0  
 A little of the time .....  1  
 Some of the time .....  2  
 A good bit of the time .....  3  
 Most of the time .....  4  
 All of the time .....  5

**16. Did you feel active, vigorous, or dull, sluggish during the past month?**

(Check one box)

- Very active, vigorous every day .....  5  
 Mostly active, vigorous - never really dull, sluggish .....  4  
 Fairly active, vigorous - seldom dull, sluggish .....  3  
 Fairly dull, sluggish - seldom active, vigorous .....  2  
 Mostly dull, sluggish - never really active, vigorous .....  1  
 Very dull, sluggish every day .....  0

**17. Have you been anxious, worried, or upset during the past month?**

(Check one box)

- Extremely so - to the point of being sick or almost sick .....  0  
 Very much so .....  1  
 Quite a bit .....  2  
 Some - enough to bother me .....  3  
 A little bit .....  4  
 Not at all .....  5

**18. I was emotionally stable and sure of myself during the past month.**

(Check one box)

- None of the time .....  0  
 A little of the time .....  1  
 Some of the time .....  2  
 A good bit of the time .....  3  
 Most of the time .....  4  
 All of the time .....  5

**19. Did you feel relaxed, at ease or high strung, tight, or keyed-up during the past month?**

(Check one box)

- Felt relaxed and at ease the whole month .....  5  
 Felt relaxed and at ease most of the time .....  4  
 Generally felt relaxed but at times felt fairly high strung .....  3  
 Generally felt high strung but at times felt fairly relaxed .....  2  
 Felt high strung, tight, or keyed-up most of the time .....  1  
 Felt high strung, tight, or keyed-up the whole month .....  0

**20. I felt cheerful, lighthearted during the past month.**

(Check one box)

- None of the time .....  0  
 A little of the time .....  1  
 Some of the time .....  2  
 A good bit of the time .....  3  
 Most of the time .....  4  
 All of the time .....  5

**21. I felt tired, worn out, used up, or exhausted during the past month.**

(Check one box)

- |                              |                            |
|------------------------------|----------------------------|
| None of the time .....       | <input type="checkbox"/> 5 |
| A little of the time .....   | <input type="checkbox"/> 4 |
| Some of the time .....       | <input type="checkbox"/> 3 |
| A good bit of the time ..... | <input type="checkbox"/> 2 |
| Most of the time .....       | <input type="checkbox"/> 1 |
| All of the time .....        | <input type="checkbox"/> 0 |

**22. Have you been under or felt you were under any strain, stress, or pressure during the past month?**

(Check one box)

- |  |                            |
|--|----------------------------|
| Yes - almost more than I could bear or stand ..... | <input type="checkbox"/> 0 |
| Yes - quite a bit of pressure .....                | <input type="checkbox"/> 1 |
| Yes, some - more than usual .....                  | <input type="checkbox"/> 2 |
| Yes, some - but about usual .....                  | <input type="checkbox"/> 3 |
| Yes - a little .....                               | <input type="checkbox"/> 4 |
| Not at all .....                                   | <input type="checkbox"/> 5 |

**TOTAL SCORE (Add together the value of each item):** \_\_\_\_\_

**Scoring/Interpretation:** Ranging from 0 to 110, lower total scores generally indicate more distress. The test results can be separated into three general levels of distress: If your total score ranges from 0 to 60, you are likely experiencing “severe distress”; if you have a total score that falls between 61 to 72, you may be experiencing “moderate distress”; if you have a total score that ranges from 73 to 110, it indicates you are experiencing “positive well being”.