WELLNESS WORKSHEET
The General Well-Being Scale

For each question, choose the answer that best describes how you have felt and how things have been going for you during the past month.

1. How have you been feeling in general?
   - 5 ____ In excellent spirits
   - 4 ____ In very good spirits
   - 3 ____ In good spirits mostly
   - 2 ____ I’ve been up and down in spirits a lot
   - 1 ____ In low spirits mostly
   - 0 ____ In very low spirits

2. Have you been bothered by nervousness or your “nerves”?  
   - 0 ____ Extremely so—to the point where I could not work or take care of things
   - 1 ____ Very much so
   - 2 ____ Quite a bit
   - 3 ____ Some—enough to bother me
   - 4 ____ A little
   - 5 ____ Not at all

3. Have you been in firm control of your behavior, thoughts, emotions, or feelings?
   - 5 ____ Yes, definitely so
   - 4 ____ Yes, for the most part
   - 3 ____ Generally so
   - 2 ____ Not too well
   - 1 ____ No, and I am somewhat disturbed
   - 0 ____ No, and I am very disturbed

4. Have you felt so sad, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile?
   - 0 ____ Extremely so—to the point I have just about given up
   - 1 ____ Very much so
   - 2 ____ Quite a bit
   - 3 ____ Some—enough to bother me
   - 4 ____ A little bit
   - 5 ____ Not at all

(over)
The General Well-Being Scale — continued

5. Have you felt that you were under any strain, stress, or pressure?
   0 _____ Yes—almost more than I could bear
   1 _____ Yes—quite a bit of pressure
   2 _____ Yes—some, more than usual
   3 _____ Yes—some, but about usual
   4 _____ Yes—a little
   5 _____ Not at all

6. How happy, satisfied, or pleased have you been with your personal life?
   5 _____ Extremely happy—couldn’t have been more satisfied or pleased
   4 _____ Very happy
   3 _____ Fairly happy
   2 _____ Satisfied—pleased
   1 _____ Somewhat dissatisfied
   0 _____ Very dissatisfied

7. Have you had reason to wonder if you were losing your mind, losing your memory, or losing control over the way you act, talk, think, or feel?
   5 _____ Not at all
   4 _____ Only a little
   3 _____ Some, but not enough to be concerned
   2 _____ Some, and I’ve been a little concerned
   1 _____ Some, and I am quite concerned
   0 _____ Much, and I’m very concerned

8. Have you been anxious, worried, or upset?
   0 _____ Extremely so—to the point of being sick, or almost sick
   1 _____ Very much so
   2 _____ Quite a bit
   3 _____ Some—enough to bother me
   4 _____ A little bit
   5 _____ Not at all

9. Have you been waking up fresh and rested?
   5 _____ Every day
   4 _____ Most every day
   3 _____ Fairly often
   2 _____ Less than half the time
   1 _____ Rarely
   0 _____ None of the time

(over)
10. Have you been bothered by any illness, bodily disorder, pain, or fears about your health?
   0 ______ All the time
   1 ______ Most of the time
   2 ______ A good bit of the time
   3 ______ Some of the time
   4 ______ A little of the time
   5 ______ None of the time

11. Has your daily life been full of things that are interesting to you?
   5 ______ All the time
   4 ______ Most of the time
   3 ______ A good bit of the time
   2 ______ Some of the time
   1 ______ A little of the time
   0 ______ None of the time

12. Have you felt downhearted and blue?
   0 ______ All the time
   1 ______ Most of the time
   2 ______ A good bit of the time
   3 ______ Some of the time
   4 ______ A little of the time
   5 ______ None of the time

13. Have you been feeling emotionally stable and sure of yourself?
   5 ______ All the time
   4 ______ Most of the time
   3 ______ A good bit of the time
   2 ______ Some of the time
   1 ______ A little of the time
   0 ______ None of the time

(over)
14. Have you felt tired, worn out, used-up, or exhausted?
   0 _____ All the time
   1 _____ Most of the time
   2 _____ A good bit of the time
   3 _____ Some of the time
   4 _____ A little of the time
   5 _____ None of the time

   Circle the number that seems closest to how you have felt generally during the past month.

15. How concerned or worried about your health have you been?

   Not concerned at all
   10 8 6 4 2 0

16. How relaxed or tense have you been?

   Very relaxed
   10 8 6 4 2 0

17. How much energy, pep, and vitality have you felt?

   No energy at all, listless
   0 2 4 6 8 10

18. How depressed or cheerful have you been?

   Very depressed
   0 2 4 6 8 10

Scoring
Add up all the points for the answers you have chosen, and find your score below.

81–110 Positive well-being
76–80 Low positive
71–75 Marginal
56–70 Stress problem
41–55 Distress
26–40 Serious
0–25 Severe

Self-Reflection
How did you score? Does your result match how you generally feel overall? How would you define positive well-being and high-quality of life, as they apply to you and your life?

SOURCE: Adapted from National Center for Health Statistics, General Well-Being Scale (GWBS).