

DE NOVA

GENERAL WELL-BEING SCHEDULE



Name	
Date	
Telephone	
E-mail	

NB: This section of the examination contains questions about how you feel and how things have been going for you over the past month.

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

(Tick **ONE** box) OR underline OR highlight your answer

- In excellent spirits 5
- In very good spirits 4
- In good spirits mostly 3
- I have been up and down in spirits a lot 2
- In low spirits mostly 1
- In very low spirits 0

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

(Tick **ONE** box)

- Every day 0
- Almost every day 1

- About half of the time 2
- Now and then, but less than half the time 3
- Rarely 4
- None of the time 5

3. Did you feel depressed during the past month?

(Tick **ONE** box)

- Yes - to the point where I felt like killing myself 0
- Yes - to the point where I did not care about anything 1
- Yes - very depressed almost every day 2
- Yes - quite depressed several times 3
- Yes - a little depressed now and again 4
- No - never felt depressed at all 5

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

(Tick one box)

- Yes, definitely so 5
- Yes, for the most part 4
- Generally so 3
- Not too well 2
- No, and I am somewhat disturbed 1
- No, and I am very disturbed 0

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

(Tick one box)

- Extremely so - to the point where I could not work or take care of things 0
- Very much so 1
- Quite a bit 2
- Somewhat - enough to bother me 3
- A little 4
- Not at all 5

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

(Tick one box)

- Very full of energy - lots of vitality 5
- Fairly energetic most of the time 4

- My energy level varied quite a bit 3
- Generally low in energy or vitality 2
- Very low in energy or vitality most of the time 1
- No energy or vitality at all - I felt drained, sapped 0

7. I felt down-hearted and low during the past month.

(Tick 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?

(Tick 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?

(Tick 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 things you like to do or had to do during the past month?

(Tick one box)

- Yes - definitely so 5
- For the most part 4
- Health problems limited me in some important ways 3
- I was just 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 low, discouraged, hopeless, or had so many problems that you wondered if anything was worthwhile during the past month?

(Tick one box)

- Extremely so - to the point where 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.

(Tick 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?

(Tick 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, your memory or losing control over the way you act, talk, think, feel during the past month?

(Tick 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.

(Tick 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?

(Tick 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?

(Tick 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.

(Tick 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 agitated, on edge or wound up during the past month?

(Tick one box)

- Felt relaxed and at ease the whole week 5
- Felt relaxed and at ease most of the time 4
- Generally felt relaxed but at times felt fairly on edge 3
- Generally felt agitated but at times felt fairly relaxed 2
- Felt agitated, on edge, or wound up most of the time 1
- Felt agitated, on edge, or wound up the whole week 0

20. I felt cheerful, light-hearted during the past month.

(Tick 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.

(Tick 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

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

(Tick one box)

- Yes - almost more than I could bear or stand ... 0
- Yes - quite a bit of pressure 1
- Yes, some - more than usual 2
- Yes, some - but about usual 3
- Yes - a little 4
- Not at all 5