

SPOT CHECK ON WELLNESS

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Below is a list of ways you might have felt or behaved recently. Please indicate how often during the past week you have experienced each of the following:

	Never	Once in while	Fairly often	Very often
Have trouble remembering things	1	2	3	4
Have trouble concentrating	1	2	3	4
Have difficulty making decisions	1	2	3	4
Have your mind go blank	1	2	3	4
Have indigestion or an upset stomach	1	2	3	4
Have tightness in your neck, back or other muscles	1	2	3	4
Feel faint or dizzy	1	2	3	4
Sweat when not working hard or overheated	1	2	3	4
Notice hands trembling	1	2	3	4
Have to avoid certain things places or activities because they frighten you	1	2	3	4
Have your heart pound or race when not physically active	1	2	3	4
Feel nervous or shaky inside	1	2	3	4
Having trouble getting your breath	1	2	3	4
Feel tense or keyed up	1	2	3	4
Feel fearful and afraid	1	2	3	4
Have poor appetite	1	2	3	4
Feel lonely	1	2	3	4
Feel Bored or have little interest in things	1	2	3	4
Take no interest or pleasure in physical activities you used to enjoy	1	2	3	4
Having trouble getting to sleep and staying asleep	1	2	3	4
Cry easily or feel like crying	1	2	3	4
Feel downhearted or unhappy	1	2	3	4
Feel low in energy or slowed down	1	2	3	4
Feel hopeless about the future	1	2	3	4
Have any thoughts about the possibility of ending your life	1	2	3	4
Lose your temper	1	2	3	4
Feel easily annoyed or irritated	1	2	3	4
Feel critical of others	1	2	3	4
Get angry over things that are not important	1	2	3	4
TOTAL				
LOW -Under 40				
AVERAGE- 40-50				
HIGH-50-60				
VERY HIGH over 60				