Compass
Counseling Associates, LLC

WELLNESS ASSESSMENT

CLIENT NAME: _____ DATE: _____

How much do the following problems bother you?

	Not at all	A little	Some what	A lot
1. Nervousness/Shakiness	( )	( )	( )	( )
2. Feeling sad or blue	( )	( )	( )	( )
3. Feeling hopeless about the future	( )	( )	( )	( )
4. Feeling everything is an effort	( )	( )	( )	( )
5. Feeling no interest in things	( )	( )	( )	( )
6. Your heart pounding/racing	( )	( )	( )	( )
7. Trouble sleeping	( )	( )	( )	( )
8. Feeling fearful or afraid	( )	( )	( )	( )
9. Difficulty at home	( )	( )	( )	( )
10. Difficulty socially	( )	( )	( )	( )
11. Difficult at work or school	( )	( )	( )	( )

How much do you agree with the following?

	Strongly Agree	Agree	Disagree	Strongly Disagree
12. I feel good about myself	( )	( )	( )	( )
13. I can deal with my problems	( )	( )	( )	( )
14. I am able to accomplish things	( )	( )	( )	( )
15. I have friends/family I count on	( )	( )	( )	( )

16. In the past week, approximately how many drinks of alcohol did you have? _____

Please answer the following questions only if this is your first time completing this questionnaire.

17. In general, would you say your health is:
( ) Excellent ( ) Very Good ( ) Good ( ) Fair ( ) Poor
18. Please indicate if you have a serious or chronic medical condition:
( ) Asthma ( ) Diabetes ( ) Heart Disease ( ) Chronic Pain ( ) Other
19. In the past 6 months, how many times did you visit a medical doctor?
( ) None ( ) 1 ( ) 2-3 ( )4-5 ( ) 6+
20. In the past month, how many days were you unable to work because of your physical or mental health? ( ) Days
21. In the past month have you ever felt you ought to cut down on your drinking or drug use?
( ) Yes ( ) No
22. In the past month have you ever felt annoyed by people criticizing your drinking or drug use? ( ) Yes ( ) No
23. In the past month have you felt bad or guilty about your drinking or drug use?
( ) Yes ( ) No