

Wellness Assessment

Instructions: Respond to the following statements with the past week in mind.

	1 Never	2 Rarely	3 Sometimes	4 Often	5 Always
1 I've felt happy					
2 I've been able to cope well with the problems that brought me to therapy					
3 I've felt good about myself					
4 I've felt relaxed					
5 I've been sleeping well					
6 I've been satisfied with my relationships					
7 I've had healthy habits (e.g. diet, exercise, hygiene)					
8 I've been able to focus					
9 I've made good decisions					
10 I've been able to fulfill my obligations (e.g. work, school)					