



### **Warwick-Edinburgh Mental Wellbeing Scale (1)**

Name: \_\_\_\_\_

Below are some statements about feelings and thoughts. Please tick the box that best describes your experience of each over the last two weeks:

<b>Statement</b>	<b>None of the time</b>	<b>Rarely</b>	<b>Some of the time</b>	<b>Often</b>	<b>All of the time</b>
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					

Please turn over



Below are two further statements  
Please tick the box that best describes your current situation

Statement	Yes	No
I have been able to attend my paid or voluntary work		
I am taking anti-depressants prescribed by my doctor		

Please could you also answer the following questions by ticking the box that applies to you

**Religion/belief**

Christian (inc. denominations)	
Buddhist	
Hindu	
Jewish	
Muslim	
Sikh	
Other Religions	
No Religion	
Declined to answer	

**Gender**

Female	
Male	
Declined to answer	

**Sexual Orientation**

Lesbian/Gay/Bisexual	
Heterosexual	
Other	
Declined to answer	

**Disability**

People with a limiting physical disability	
People with a limiting long-term illness	
Declined to answer	

**Ethnicity**

White British	
White Irish	
White other	
Mixed white & black Caribbean	
Mixed white & black African	
Mixed white & Asian	
Mixed other	
Asian or Asian British Indian	
Asian or Asian British Pakistani	
Asian or Asian British Bangladeshi	
Asian or Asian British other	
Black or black British Caribbean	
Black or black British African	
Black or black British other	
Chinese or other ethnic group Chinese	
Other ethnic group	
Declined to answer	

**Age**

16 - 25	
26 - 35	
36 - 54	
55 +	
Declined to answer	

Please return this form to your counsellor.

Thank you.