

# Steps to Wellbeing

## Assessment form

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Print out this form, fill it in, and either:

- bring it with you to your next session
- fax it to 03 9459 5399
- mail it to Neami Heidelberg, 422 Upper Heidelberg Rd, Heidelberg 3084

Please do not send identifying or confidential health information via email.



You are on section 1 of 5



If you need assistance to fill out this form contact us 03 8691 5450 or email [stepstowellbeing@neaminational.org.au](mailto:stepstowellbeing@neaminational.org.au)

### Your details

Name

Date of birth (DD/MM/YYYY) Today's date (DD/MM/YYYY)



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## Section 2

Using the scale below, select the number that best describes how true the statement has been for you **during the past week**.

Not at all true      Hardly true      Moderately true      Exactly true

1. I can always manage to solve difficult problems if I try hard enough.
2. If someone opposes me, I can find the means and ways to get what I want.
3. It is easy for me to stick to my aims and accomplish goals.
4. I am confident that I could deal efficiently with unexpected events.
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.
6. I can solve most problems if I invest the necessary effort.
7. I can remain calm when facing difficulties because I can rely on my coping abilities.
8. When I am confronted with a problem, I can usually find several solutions.
9. If I am in trouble, I can usually think of a solution.
10. I can usually handle whatever comes my way.



## Section 3

The following questions ask how you have been feeling in the **last four weeks**. For each question, select the circle under the option that best describes the amount of time you felt that way.

None of the time	A little of the time	Some of the time	Most of the time	All of the time
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1. In the last four weeks, how often did you feel tired out for no good reason?

2. How often did you feel nervous?

3. How often did you feel so nervous that nothing could calm you down?

4. How often did you feel hopeless?

5. How often did you feel restless or fidgety?

6. How often did you feel so restless you could not sit still?

7. How often did you feel depressed?

8. How often did you feel that everything was an effort?

9. How often did you feel so sad that nothing could cheer you up?

10. How often did you feel worthless?



## Section 4

The next few questions are about how these feelings have affected you in the **last four weeks**. You need not answer these questions if you answered 'None of the time' to all of the nine questions about your feelings.

1. In the last four weeks, how many days were you **totally unable** to work, study or manage your day to day activities because of these feelings?

number of days

2. (Aside from those days), **how many days** were you able to work or study or manage your day to day activities, but had to **cut down** on what you did because of these feelings?

number of days

3. How many times have you seen a doctor or any other health professional about these feelings?

number of consultations

None of the time	A little of the time	Some of the time	Most of the time	All of the time
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4. How often have physical health problems been the main cause of these feelings?



## Section 5

The questions below try to get an understanding of your general wellbeing. Please indicate for each statement which is closest to how you have been feeling over the **past two weeks**.

At no time    Some of the time    Less than half of the time    More than half of the time    Most of the time    All of the time

1. I have felt cheerful and in good spirits

2. I have felt calm and relaxed

3. I have felt active and vigorous

4. I woke up feeling refreshed and rested

5. My daily life has been filled with things that interest me

**You've finished!**

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