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ADULT WELLNESS ASSESSMENT

Last Name

First Name

DOB

Date

EAP Plan Name

EAP Authorization

How much did the following problems bother you in the last week?

	Not at All	A Little	Somewhat	A lot
1. Nervousness or 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 or racing	○	○	○	○
7. Trouble sleeping	○	○	○	○
8. Feeling fearful or afraid	○	○	○	○
9. Difficulty at home	○	○	○	○
10. Difficulty socially	○	○	○	○
11. Difficulty 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 the things I want	○	○	○	○
15. I have friends or family that I can count on for help	○	○	○	○

Please describe your main counseling GOAL to the best of your ability:

16. How many drinks of alcohol per week? ☐

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

	Excellent	Good	Fair	Poor
17. In general would you say your health is:	◯	◯	◯	◯

18. Please indicate if you have a serious illness or chronic medical condition

- ☐ Asthma
- ☐ Diabetes
- ☐ Heart Disease
- ☐ Back Pain or 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? ☐

21. In the past month, how many days were you able to work, but had to cut back on how much you got done because of physical or mental health? ☐

22. In the past month, have you ever felt you need to cut down on your drinking and drug use?

- ◯ Yes
- ◯ No

23. In the past month, have you ever felt annoyed about people criticizing your drinking or drug use?

- ◯ Yes
- ◯ No

24. In the past month, have you felt bad about your drinking or drug use?

- ◯ Yes
- ◯ NO

25. In the past month have you spent more than half your time in a state of stress or anxiety?

- ◯ Yes
- ◯ No

Please describe your pastime activities, e.g., what you enjoy doing to relax and unwind, how often and when plans you have for engaging in future activities other than work, i.e., education, career, building family and relationships, etc.