

Well-Being Questionnaire (W-BQ12)

Please circle one number on each scale, from 3 (all the time) to 0 (not at all), to indicate how often you feel each statement has applied to you in the past few weeks.

	all the time			not at all
1. I have crying spells or feel like it	3	2	1	0
2. I feel downhearted and in low spirits.....	3	2	1	0
3. I feel afraid for no reason at all	3	2	1	0
4. I get upset easily or feel panicky	3	2	1	0

For information only

This copy is for information only - for use, please contact Professor Bradley

W-BQ12 © Prof Clare Bradley 6/96. English for Canada 20.1.06 (from Standard UK English 6/96; instructions rev. 31.1.02)
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