Well-being Questionnaire (W-BQ16)

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	<u> </u>		not at all
1	. I have crying spells or feel like it	3	2	1	0
2	. I feel downhearted and blue	3	2)'	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