

## Well-Being Questionnaire (W-BQ12)

Please circle one number, from 3 (all the time) to 0 (not at all), on each scale 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 crying .....	3	2	1	0
2. I feel sad and low .....	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

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

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