

## 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 during the past few weeks.

|   | all the<br>time |   |   | not<br>at all |
|---|-----------------|---|---|---------------|
| 1. I have crying spells or feel like it ..... | 3               | 2 | 1 | 0             |
| 2. I feel down and sad .....                  | 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**

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