**Wellness Assessment**

Respond to the following statements with the **past week** in mind:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | Sometimes | Often | Always |
| 1. I’ve felt happy
 |  |  |  |  |  |
| 1. I’ve been able to cope well with what brought me into therapy
 |  |  |  |  |  |
| 1. I’ve felt good about myself
 |  |  |  |  |  |
| 1. I’ve felt relaxed
 |  |  |  |  |  |
| 1. I’ve been sleeping well
 |  |  |  |  |  |
| 1. I’ve been satisfied with my relationships
 |  |  |  |  |  |
| 1. I’ve had healthy habits (e.g. diet, exercise, hygiene)
 |  |  |  |  |  |
| 1. I’ve been able to focus
 |  |  |  |  |  |
| 1. I’ve made good decisions
 |  |  |  |  |  |
| 1. I’ve been able to fulfill my obligations (e.g. work, school)
 |  |  |  |  |  |