**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) |  |  |  |  |  |