ALERT®

Wellness Assessment - Adult

Completing this brief questionnaire will help us provide services that meet your needs. Answer each question as best you can and then review your responses with your clinician. Please shade circles like this

Client Last Name First Name		D	oate of Birth: (mm/d	d/yy)
				/
Subscriber ID	Authorization #			
Clinician Last Name First Name		Т	oday's Date: (mm/de	
, ,				/
Clinician ID/Tax ID Clinician Phone		$\overline{}$	tate	
				MRef 🔾
Visit #: ○ 1 or 2 ○ 3 to 5 ○ Other				
For questions 1-16, please think about			eek. Somewhat	1 1 -4
How much did the following problems bother you?	Not at All	A Little	Somewnai	A Lot
1. Nervousness or shakiness	O	0	O	O
2. Feeling sad or blue	0	0	0	0
3. Feeling hopeless about the future	O	0	O	0
4. Feeling everything is an effort	0	0	0	0
5. Feeling no interest in things	0	0	0	0
6. Your heart pounding or racing	Ö	0	Ö	0
7. Trouble sleeping	O	0	O	0
8. Feeling fearful or afraid	0	0	\circ	0
9. Difficulty at home	0	0	\circ	0
10. Difficulty socially	0	0	\circ	0
11. Difficulty at work or school	0	0	0	0
How much do you agree with the following?	Strongly Agree	Agree	Disagree S	Strongly Disagree
12. I feel good about myself	\circ	\circ	\circ	0
13. I can deal with my problems	0	0	\circ	0
14. I am able to accomplish the things I want	0	0	\circ	0
15. I have friends or family that I can count on for help	\circ	0	0 _	O
16. In the past week, approximately how many drinks	of alcohol did you ha	ve?		Drinks
Please answer the following questions only if this is your first time completing this questionnaire.				
17. In general, would you say your health is: O Excellent O Very Good O Good O Fair O Poor 18. Please indicate if you have a serious or chronic medical condition:				
O Asthma O Diabetes O Heart Disease O Back Pain or Other Chronic Pain O Other Condition				
19. In the past 6 months, how many times did you visit a medical doctor? O None O 1 O 2-3 O 4-5 O 6+				
20. In the past month, how many days were you unable to work because of your physical or mental health? Days (answer only if employed)				
21. In the past month, how many days were you able to work but had to cut back on how much you got done because of your physical or mental health? (answer only if employed)				
22. In the past month have you ever felt you ought to cut down on your drinking or drug use? O Yes O No				
23. In the past month have you ever felt annoyed by people criticizing your drinking or drug use? O Yes O No				
24. In the past month have you felt bad or guilty about	your drinking or dru	g use?		○ Yes ○ No