Name	Date
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The General Well-Being Scale

As described earlier in this chapter, one measure of psychological status that has been used with good success in national surveys is the General Well-Being Scale (GWB). The GWB was designed by the National Center for Health Statistics, and consists of 18 questions covering such matters as energy level, satisfaction, freedom from worry, and self-control. A high score on the GWB reflects an absence of bad feelings and an expression of positive feelings. Results from national surveys have shown that higher scores for the GWB are significantly associated with increased amounts of physical activity for all age groups and for both men and women. (See: Stephens T. Physical Activity and Mental Health in the United States and Canada: Evidence from Four Population Surveys, *Prev Med* 17:35–47, 1988.)

The General Well-Being Scale

Instructions: The following questions ask how you feel and how things have been going for you *during the past month.* For each question, mark an "x" for the answer that most nearly applies to you. Since there are no right or wrong answers, it's best to answer each question quickly without pausing too long on any one of them.

шп	swer each question quickly without pausing too long on any one of them.
1.	How have you been feeling in general?
	5 • In excellent spirits.
	4 • In very good spirits.
	3 • In good spirits mostly.
	2 \(\begin{aligned} \text{I've been up and down in spirits a lot.} \end{aligned}
	1 • In low spirits mostly.
	0 ☐ In very low spirits.
2.	Have you been bothered by nervousness or your "nerves"?
	0 Extremely so—to the point where I could not work or take care of things.
	1 • Very much so.
	2 Quite a bit.
	3 □ Some—enough to bother me.
	4 A little.
	5 • Not at all.
3.	Have you been in firm control of your behavior, thoughts, emotions, or feelings?
	5 \(\superscript{\text{Yes, definitely so.}}\)
	4 Yes, for the most part.
	3 ☐ Generally so.
	2 • Not too well.
	1 • No, and I am somewhat disturbed.
	0 □ No, and I am very disturbed.

4.	Have you felt so sad, discouraged, or hopeless, or had so many problems that you wondered if anything was worthwhile? 0 □ Extremely so—to the point I have just about given up. 1 □ Very much so. 2 □ Quite a bit. 3 □ Some—enough to bother me. 4 □ A little bit. 5 □ Not at all.
5.	Have you been under or felt you were under any strain, stress, or pressure? 0 □ Yes—almost more than I could bear. 1 □ Yes—quite a bit of pressure. 2 □ Yes—some, more than usual. 3 □ Yes—some, but about usual. 4 □ Yes—a little. 5 □ Not at all.
6.	How happy, satisfied, or pleased have you been with your personal life? 5 □ Extremely happy—couldn't have been more satisfied or pleased. 4 □ Very happy. 3 □ Fairly happy. 2 □ Satisfied—pleased. 1 □ Somewhat dissatisfied. 0 □ Very dissatisfied.
7.	Have you had reason to wonder if you were losing your mind, or losing control over the way you act, talk, think, feel, or of your memory? 5 □ Not at all. 4 □ Only a little. 3 □ Some, but not enough to be concerned. 2 □ Some, and I've been a little concerned. 1 □ Some, and I am quite concerned. 0 □ Much, and I'm very concerned.
8.	 Have you been anxious, worried, or upset? □ Extremely so—to the point of being sick, or almost sick. 1 □ Very much so. 2 □ Quite a bit. 3 □ Some—enough to bother me. 4 □ A little bit. 5 □ Not at all.

9. Have you been waking up fresh and rested?
5 🖵 Every day.
4 Most every day.
3 □ Fairly often.2 □ Less than half the time.
1 Rarely.
0 ☐ None of the time.
10. Have you been bothered by any illness, bodily disorder, pain, or fears about your health?0 □ All the time.
1 Most of the time.
2 A good bit of the time.
3 Some of the time.
4 A little of the time.
5 • None of the time.
 11. Has your daily life been full of things that are interesting to you? 5 All the time. 4 Most of the time.
3 A good bit of the time.
2 Some of the time.
1 A little of the time.
0 • None of the time.
12. Have you felt downhearted and blue?
0 ☐ All the time.
1 Most of the time.
 2 A good bit of the time. 3 Some of the time.
4 A little of the time.
5 \(\subseteq \text{ None of the time.} \)
13. Have you been feeling emotionally stable and sure of yourself?
5 🗖 All the time.
4 Most of the time.
3 A good bit of the time.
2 Some of the time.
 1 A little of the time. 0 None of the time.
o - None of the time.

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Have you felt tired,	worn ou	ıt, usec	l up or	exhaus	ted?		
$0 \square$ All the time.							
· ·		e.					
5 • None of the t	ime.						
ings. Circle any nur erally during the pas	nber ald t month.	ong the	bar th	nat seer	ns clos	sest to l	* *
How concerned or	worried	about	your he	ealth ha	ve you	been?	
Not concerned at a	11 10	8	6	4	2	0	Veryconcerned
How relaxed or ten	se have	you be	en?				
Very relaxed	10	8	6	4	2	0	Very tense
How much energy,	pep, and	l vitalit	ty have	you fe	lt?		
No energy at all, listless	0	2	4	6	8	10	Very energetic, dynamic
How depressed or o	heerful	have y	ou bee	n? Very	depre	ssed?	
Very depressed	0	2	4	6	8	10	Very cheerful
						necked	for each question.
National	Norms	for t	he Ge	neral	Well-E	Being S	Scale
	O All the time. 1 Most of the ti 2 A good bit of 3 Some of the 4 A little of the 5 None of the for ings. Circle any nur erally during the pass How concerned or Not concerned at all How relaxed or ten Very relaxed How much energy, No energy at all, listless How depressed or of Very depressed ections: Add up all the mpare your total score	O □ All the time. 1 □ Most of the time. 2 □ A good bit of the time. 3 □ Some of the time. 4 □ A little of the time. 5 □ None of the four scales ings. Circle any number alcerally during the past month. How concerned or worried Not concerned at all 10 How relaxed or tense have Very relaxed 10 How much energy, pep, and No energy at all, listless 0 How depressed or cheerful Very depressed 0 ections: Add up all the points in pare your total score with the	O □ All the time. 1 □ Most of the time. 2 □ A good bit of the time. 3 □ Some of the time. 4 □ A little of the time. 5 □ None of the time. 6: For each of the four scales belowings. Circle any number along the erally during the past month. How concerned or worried about Not concerned at all 10 8 How relaxed or tense have you be Very relaxed 10 8 How much energy, pep, and vitality No energy at all, listless 0 2 How depressed or cheerful have you be very depressed 0 2 **Rections*: Add up all the points from an energy your total score with the normal pare your total your your your your your your your your	O □ All the time. 1 □ Most of the time. 2 □ A good bit of the time. 3 □ Some of the time. 4 □ A little of the time. 5 □ None of the time. 6: For each of the four scales below, the wings. Circle any number along the bar the trally during the past month. How concerned or worried about your he not concerned at all 10 8 6 How relaxed or tense have you been? Very relaxed 10 8 6 How much energy, pep, and vitality have no energy at all, listless 0 2 4 How depressed or cheerful have you been very depressed 0 2 4 **Ections: Add up all the points from the box inpare your total score with the norms lister.	O □ All the time. 1 □ Most of the time. 2 □ A good bit of the time. 3 □ Some of the time. 4 □ A little of the time. 5 □ None of the time. 6: For each of the four scales below, the words at ings. Circle any number along the bar that seen erally during the past month. How concerned or worried about your health had Not concerned at all 10 8 6 4 How relaxed or tense have you been? Very relaxed 10 8 6 4 How much energy, pep, and vitality have you feel No energy at all, listless 0 2 4 6 How depressed or cheerful have you been? Very Very depressed 0 2 4 6 **ections: Add up all the points from the boxes you may a pour total score with the norms listed below.	1 □ Most of the time. 2 □ A good bit of the time. 3 □ Some of the time. 4 □ A little of the time. 5 □ None of the time. e: For each of the four scales below, the words at each example ings. Circle any number along the bar that seems close erally during the past month. How concerned or worried about your health have you not concerned at all 10 8 6 4 2. How relaxed or tense have you been? Very relaxed 10 8 6 4 2. How much energy, pep, and vitality have you felt? No energy at all, listless 0 2 4 6 8. How depressed or cheerful have you been? Very depressed or cheerful have you been?	All the time. Most of the time. A good bit of the time. A good bit of the time. A little of the time. None of the time. None of the time. None of the time. Circle any number along the bar that seems closest to be really during the past month. How concerned or worried about your health have you been? Not concerned at all 10 8 6 4 2 0 How relaxed or tense have you been? Very relaxed 10 8 6 4 2 0 How much energy, pep, and vitality have you felt? No energy at all, listless 0 2 4 6 8 10 How depressed or cheerful have you been? Very depressed? Very depressed 0 2 4 6 8 10 Pections: Add up all the points from the boxes you have checked to the concerned of the time.

Stress State Positive well-being Low positive	Total Stress Score 81–110 76–80	% Distribution U.S. Population 55% 10%
Marginal	70–80	9%
Indicates stress problem	56–70	16%
Indicates distress Serious Severe	41–55 26–40 0–25	7% 2% less than 1%

