Wellness Assessment

What is the purpose of the Wellness Assessment?

The Wellness Assessment is a set of questions to help your Care Advocate at your insurance company understand how you are doing in treatment. It helps the Care Advocate in working with your therapist so that you receive the services you need. The direction of your therapy is the result of the treatment decisions that you make together with your therapist.

How long will it take me to complete the Wellness Assessment?

Completing the form only takes a few moments of your time. Discuss with your therapist anything on the Wellness Assessment that you find important.

Are my answers confidential?

Yes. Your responses on the Wellness Assessment are considered Protected Health Information and are kept confidential. Your insurance company follows the guidelines of the national Health Insurance Portability and Accountability Act (HIPAA) as set by the United States Department of Health and Human Services.

Will my responses affect my benefits?

No. Your answers on this Wellness Assessment will not affect your insurance coverage or eligibility.

Will all the Wellness Assessments I complete be done at my therapist's office?

No. About four months after the date you start treatment, you will receive a Wellness Assessment in the mail directly from your insurance company. A business reply envelope will be included. Simply complete the Wellness Assessment and return it in the envelope provided.

Visit <u>www.liveandworkwell.com</u>. It contains useful information on a variety of topics to help you take charge of your health and well-being.



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

best you can and then review your responses with your en	inclair. I lease she			
Client Last Name First Name			Date of Birth: (mm/do	1/yy)
Subscriber ID Author	prization #			
Clinician Last Name First Name			Today's Date: (mm/dd	1/yy)
Clinician ID/Tax ID Clinician Phone			State	$MRef \bigcirc$
Visit #: $\bigcirc 1 \text{ or } 2$ $\bigcirc 3 \text{ to } 5$ $\bigcirc \text{Other}$				
			u o ole	
<i>For questions 1-16, please think about you</i>		ae past v A Little	Somewhat	A Lot
How much did the following problems bother you?			_	
1. Nervousness or shakiness	0	0	0	0
 Feeling sad or blue Feeling hopeless about the future 	0	0	0	0
 Feeling everything is an effort 	0	0 0	0	0 0
5. Feeling no interest in things	\bigcirc	0	0	0
 6. Your heart pounding or racing 	0	0	0	0
7. Trouble sleeping	0	0	0	0
8. Feeling fearful or afraid	0	\circ	0	0
9. Difficulty at home	0	0	0	0
10. Difficulty socially	0	0	0	0
	0	0	0	0
11. Difficulty at work or school		-	-	
How much do you agree with the following?	Strongly Agree	Agree		trongly Disagree
12. I feel good about myself	0	0	0	0
13. I can deal with my problems14. I am able to accomplish the things I want	0	0	0	0
15. I have friends or family that I can count on for help	0	0	0	0
16. In the past week, approximately how many drinks of al	cohol did you ha	ve?		Drinks
	control and you ha	vC:		
Please answer the following questions only if this is your first time completing this questionnaire.				
	cellent O Very	Good	O Good O I	Fair O Poor
18. Please indicate if you have a serious or chronic medica O Asthma O Diabetes O Heart Disease O Back		hronic P	ain O Othe	r Condition
19. In the past 6 months, how many times did you visit a n				$2-3 \bigcirc 4-5 \bigcirc 6+$
20. In the past month, how many days were you unable to				
mental health?		5 1 5	mployed)	Days
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? <i>(answer only if employed)</i>				
22. In the past month have you ever felt you ought to cut d23. In the past month have you ever felt annoyed by people	e criticizing your	drinking	•	OYes ONo OYes ONo
24. In the past month have you felt bad or guilty about you	r drinking or drug	g use?		O Yes O No
				9626