

Adolescent well-being scale A

Please read these questions and tick one of the boxes under the question. Thank you 😊

Your Name

Your Parent's Name

Your Date of Birth

1. Do you look forward to things as much as you used to?

Often

Sometimes

Never

2. Do you sleep very well?

Often

Sometimes

Never

3. Do you feel like crying?

Often

Sometimes

Never

4. Do you feel like going out?

Often

Sometimes

Never

5. Do you feel like leaving home?

Often

Sometimes

Never

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6. Do you get stomach aches and cramps?

Often

Sometimes

Never

7. Do you have lots of energy?

Often

Sometimes

Never

8. Do you enjoy your food?

Often

Sometimes

Never

9. Do you stick up for yourself?

Often

Sometimes

Never

10. Do you think life isn't worth living?

Often

Sometimes

Never

11. Do you think you are good at things that you do?

Often

Sometimes

Never

12. Do you enjoy things as much as you used to?

Often

Sometimes

Never

13. Do you like talking to friends and family?

Often

Sometimes

Never

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14. Do you have horrible dreams?

Often

Sometimes

Never

15. Do you feel very lonely?

Often

Sometimes

Never

16. Do you have an adult you can confide in?

Often

Sometimes

Never

17. Are you easily cheered up?

Often

Sometimes

Never

18. Do you ever feel very bored?

Often

Sometimes

Never

Reference: ADOLESCENT WELLBEING - SCALE A

Birleson P (1980) The validity of Depressive Disorder in Childhood and the Development of a Self-Rating Scale; a Research Report. Journal of Child Psychology and Psychiatry. 22: 73-88.

19. Do you feel so sad that you can hardly bear it?

Often

Sometimes

Never

20. Do you think self-harm helps you with your problems?

Often

Sometimes

Never

Questions 19 & 20 Additional Teen Flash questions