Adolescent well-being scale B

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

Your Name

Your Parents 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

Adolescent well-being scale B

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

Adolescent well-being scale B

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 B

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