

WELLBEING EVALUATION



LGA/Ward/ Community:.....

Wellbeing Assessor Name:.....

Date of Assessment:

Name of the Beneficiary:.....

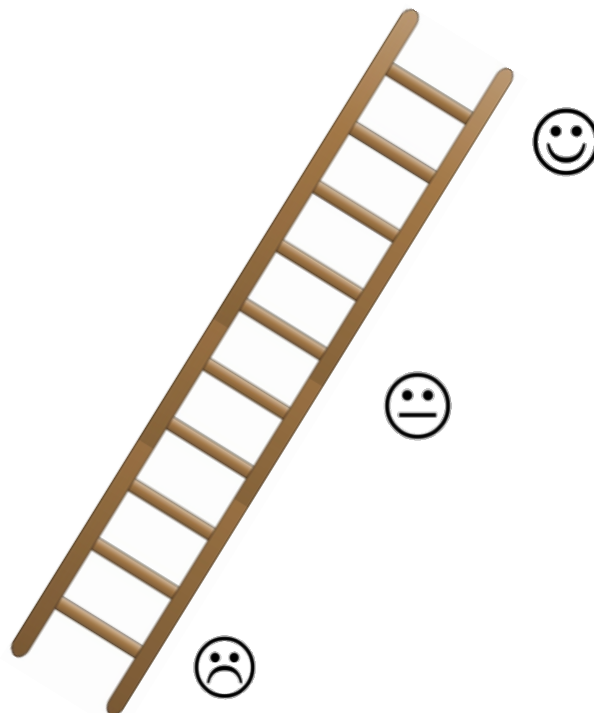
Age of Beneficiary: Sex: Category (IDP/HC/RTN):

Question 1: I am going to read some sentences to you about feelings. Can you tell me if, in the last six months, you have never felt like this, sometimes or a lot. Is that okay?

Domain	Responses (Tick one)
<p>Physical Wellbeing In the last six months:</p> <p>1. I felt ill</p> <p>2. I was tired and worn-out</p> <p>3. I felt strong and full of energy</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p>
<p>Emotional Wellbeing In the last six months:</p> <p>4. I had fun and laughed a lot</p> <p>5. I was bored</p> <p>6. I felt alone</p> <p>7. I was scared</p> <p>8. I had “flashbacks,” or nightmares</p> <p>9. I avoided thoughts or feelings, that reminded me of a stressful experience</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p>
<p>Self Esteem In the last six months:</p> <p>10. I was proud of myself</p> <p>11. I felt pleased with myself</p> <p>12. I had lots of good ideas</p> <p>13. I took a positive attitude toward myself</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p>
<p>Family In the last six months:</p> <p>14. I got on well with my parents</p> <p>15. I felt fine at home</p> <p>16. We quarreled at home</p> <p>17. I talked about my problems with my family</p> <p>At home, there is an adult who:</p> <p>18. Is interested in my activities</p> <p>19. Listens to me when I speak</p> <p>20. Gives me help with my feelings</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p>
<p>Friends In the last six months:</p> <p>21. I played with friends</p> <p>22. Other kids liked me</p> <p>23. I got along well with my friends</p> <p>24. I had problems with other children</p>	<p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> A lot</p>

25. My friends looked after me 26. I talked to my friends about my feelings	<input type="checkbox"/> Never <input type="checkbox"/> Never	<input type="checkbox"/> Sometimes <input type="checkbox"/> Sometimes	<input type="checkbox"/> A lot <input type="checkbox"/> A lot
School/Community (SKIP 21-24 IF OUT OF SCHOOL) In the last six months: 27. Doing my school work was easy 28. I enjoyed my lessons 29. I learned a lot at school 30. I feel bad at school At school/in the community, an adult: 31. Really cares about me 32. Tells me when I do a good job 33. Listens to me when I speak 34. Believes that I will be a success	<input type="checkbox"/> Never <input type="checkbox"/> Never <input type="checkbox"/> Never <input type="checkbox"/> Never	<input type="checkbox"/> Sometimes <input type="checkbox"/> Sometimes <input type="checkbox"/> Sometimes <input type="checkbox"/> Sometimes	<input type="checkbox"/> A lot <input type="checkbox"/> A lot <input type="checkbox"/> A lot <input type="checkbox"/> A lot
Observations: Does the children look well? Do they have anything else they want to share about their feelings? Anything that worries them?	<input type="checkbox"/> YES <input type="checkbox"/> NO		

Question 2: Imagine that this ladder represents your life. The top of the ladder is the best possible life for you, and the bottom of the ladder is the worst possible life for you. At the moment, where do you feel like you stand on this ladder? [*Draw a cross on one step*]



Question 3: Can you give me three words that describe your life? (In English or local language)

1..... 2..... 3.