Service User Information to Support the Use of Short Warwick Edinburgh Mental Well Being Scale

At significant points in your care, you will be asked to complete this rating scale. This is to help staff understand your thoughts and feelings. Your answers will be helpful in assessing your needs and with you planning your future care.

If you do not feel like completing this scale you can decline and this will not affect your care.

Below are some statements about feelings and thoughts.

Please tick the box that best describes your experience of each over the last 2 weeks

STATEMENTS	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
Total					

Date completed:	
Service User's Name:	DOB:
NUC number	

For staff use only - please ensure <u>all</u> sections of this form are completed

Completed: (please tick	ONE)	
Alone		
With assistance from staff		
With assistance from care	r/relative	
With assistance from care	r/relative and staff	
Not clinically appropriate t	o offer	
Service user declined		
Completion setting: (plea	ase tick ONE)	
Inpatient ward		
Community healthcare set	ting	
Home/away from healthca	re setting	
Other please specify:		
Reason for completion:	(please tick ONE)	
Reason for completion: Assessment	(please tick ONE)	
	(please tick ONE)	
Assessment	(please tick ONE)	
Assessment CPA/MHCT Review	(please tick ONE)	
Assessment CPA/MHCT Review Discharge	(please tick ONE)	
Assessment CPA/MHCT Review Discharge	(please tick ONE) Staff name:	
Assessment CPA/MHCT Review Discharge Other please specify:	Staff name:	

