

---

# THE SHORT WARWICK-EDINBURGH MENTAL WELLBEING SCALE (SWEMWBS)

**Below are some statements about feelings and thoughts.**

**Please circle the answer 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

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved.

# STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ) S11-17

**For each item, please tick the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain or the item seems daft! Please give your answers on the basis of how things have been for you over the last six months**

Your Name .....

Male/Female

Date of Birth.....

	Not True	Somewhat True	Certainly True
I try to be nice to other people. I care about their feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am restless, I cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get a lot of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually share with others (food, games, pens etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get very angry and often lose my temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am usually on my own. I generally play alone or keep to myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I usually do as I am told	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have one good friend or more	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I fight a lot. I can make other people do what I want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often unhappy, down-hearted or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other people my age generally like me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am easily distracted, I find it difficult to concentrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am nervous in new situations. I easily lose confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am often accused of lying or cheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other children or young people pick on me or bully me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I often volunteer to help others (parents, teachers, children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think before I do things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I take things that are not mine from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get on better with adults than with people my own age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have many fears, I am easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I finish the work I'm doing. My attention is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over - there are a few more questions on the other side**

# STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ) S11-17

Overall, do you think that you have difficulties in one or more of the following areas:  
emotions, concentration, behaviour or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress you?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with your everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
HOME LIFE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRIENDSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEISURE ACTIVITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties make it harder for those around you (family, friends, teachers, etc.)?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Your Signature .....

Today's Date .....

**Thank you very much for your help**

© Robert Goodman, 2005

---

# MEASURES OF MECHANISMS SUPPORTING GOOD OUTCOMES

## TRAIT EMOTIONAL INTELLIGENCE QUESTIONNAIRE – ADOLESCENT SHORT FORM (TEIQUE-ASF) – SELF-REGULATION SUBSCALE

Please answer by putting a circle around the number that best shows how much you agree or disagree with each sentence below. If you strongly disagree with a sentence, circle a number close to 1. If you strongly agree with a sentence, circle a number close to 7. If you're not too sure if you agree or disagree, circle a number close to 4. Work quickly, but carefully. There are no right or wrong answers.

STATEMENTS	DISAGREE							AGREE
I find it hard to control my feelings	1	2	3	4	5	6	7	
I change my mind often	1	2	3	4	5	6	7	
I'm able to deal with stress	1	2	3	4	5	6	7	
I can control my anger when I want to	1	2	3	4	5	6	7	
Sometimes, I get involved in things later I wish I could get out of	1	2	3	4	5	6	7	
I try to control my thoughts and not worry too much about things	1	2	3	4	5	6	7	

---

# PERCEIVED STRESS SCALE (PSS)

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, please indicate with a tick how often you felt or thought a certain way.

STATEMENTS	0 NEVER	1 ALMOST NEVER	2 SOME TIMES	3 FAIRLY OFTEN	4 VERY OFTEN
In the last month, how often have you felt that you were unable to control the important things in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last month, how often have you felt confident about your ability to handle your personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last month, how often have you felt that things were going your way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you or have you ever been a young carer?

Young carers are children and young people under 18 who provide regular or ongoing care to a family member who has an illness, disability, mental health condition or drug/alcohol dependency.

☐ Yes

☐ No

# STUDENT RESILIENCE SURVEY (SRS)

AT HOME, THERE IS AN ADULT WHO...	NEVER				ALWAYS
... is interested in my school work	1	2	3	4	5
... believes that I will be a success	1	2	3	4	5
... wants me to do my best	1	2	3	4	5
... listens to me when I have something to say	1	2	3	4	5

AT SCHOOL, THERE IS AN ADULT WHO...	NEVER				ALWAYS
... really cares about me	1	2	3	4	5
... tells me when I do a good job	1	2	3	4	5
... listens to me when I have something to say	1	2	3	4	5
... believes that I will be a success	1	2	3	4	5

AWAY FROM SCHOOL, THERE IS AN ADULT WHO...	NEVER				ALWAYS
... really cares about me	1	2	3	4	5
... tells me when I do a good job	1	2	3	4	5
... believes that I will be a success	1	2	3	4	5
... I trust	1	2	3	4	5

AWAY FROM SCHOOL...	NEVER				ALWAYS
... I am a member of a club, sports team, church group, or other group	1	2	3	4	5
... I take lessons in music, arts, sports, or have a hobby	1	2	3	4	5

# STUDENT RESILIENCE SURVEY (SRS)

ARE THERE STUDENTS AT YOUR SCHOOL WHO WOULD...	NEVER			ALWAYS	
... choose you on their team at school	1	2	3	4	5
... tell you you're good at doing things	1	2	3	4	5
... explain the rules of a game if you didn't understand them	1	2	3	4	5
... invite you to their home	1	2	3	4	5
... share things with you	1	2	3	4	5
... help you if you hurt yourself	1	2	3	4	5
... miss you if you weren't at school	1	2	3	4	5
... make you feel better if something is bothering you	1	2	3	4	5
... pick you for a partner	1	2	3	4	5
... help you if other students are being mean to you	1	2	3	4	5
... tell you you're their friend	1	2	3	4	5
... ask you to join in when you are all alone	1	2	3	4	5
... tell you secrets	1	2	3	4	5

	NEVER			ALWAYS	
I do things at home that make a difference (i.e. make things better)	1	2	3	4	5
I help my family make decisions	1	2	3	4	5
At school, I decide things like class activities or rules	1	2	3	4	5
I do things at school that make a difference (i.e. make things better)	1	2	3	4	5
I feel bad when someone gets their feelings hurt	1	2	3	4	5
I try to understand what other people feel	1	2	3	4	5
When I need help, I find someone to talk to	1	2	3	4	5
I know where to go for help when I have a problem	1	2	3	4	5
I try to work out problems by talking about them	1	2	3	4	5
I have goals and plans for the future	1	2	3	4	5
I think I will be successful when I grow up	1	2	3	4	5