



Wellness Assessment Scoring Guide

This document provides a guide to scoring and understanding the items on the Adult and Youth Wellness Assessments (WA). The Wellness Assessments (WA) support outcomes-informed treatment, allowing clinicians to monitor patients' progress in treatment. The Adult WA is a 24-item questionnaire that measures Global Distress, workplace functioning, health, and substance use risk. The Youth WA is a 25-item questionnaire that measures global distress, health, caregiver strain, and the parent/guardian's workplace functioning.

Adult Global Distress Scale

Items 1-15 on the Adult WA comprise the Global Distress scale measuring symptoms of anxiety and depression, perceptions of self-efficacy, and functional impairments. A total score can be derived by summing the values for the individual item responses. Total scores can range from 0 to 45. An approximate score can be calculated by imputing a value of "1" for up to three missing responses. If more than three questions are unanswered then a meaningful total score cannot be computed.

Table1. Adult Global Distress Scale

Item		Response Score			
<i>How much did these problems bother you?</i>		Not at All	A Little	Somewhat	A lot
1	Nervousness or shakiness	0	1	2	3
2	Feeling sad or blue	0	1	2	3
3	Feeling hopeless about the future	0	1	2	3
4	Feeling everything is an effort	0	1	2	3
5	Feeling no interest in thin s	0	1	2	3
6	Your heart pounding or racing	0	1	2	3
7	Had trouble sleeping	0	1	2	3
8	Feeling fearful or afraid	0	1	2	3
9	Difficult at home	0	1	2	3
10	Difficult socially	0	1	2	3
11	Difficult at work or school	0	1	2	3
<i>How much do you agree with the following?</i>		Strongly Agree	Agree	Disagree	Strongly Disagree
12	I feel good about myself	0	1	2	3
13	I can deal with my problems	0	1	2	3
14	I am able to accomplish the things I want	0	1	2	3

15	I have friends or family I can count on for help	0	1	2	3
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* Respondents are asked to rate their experience in the past week.

Table 2. Adult Global Distress Score Level Descriptions

Total Score	Severity Level	Description
0-11	Low	Low level of distress (<i>below clinical cut-off score of 12</i>).
12-24	Moderate	The most common range of scores for clients initiating standard outpatient psychotherapy.
25-38	Severe	Approximately one in four clients has scores in this elevated range of distress.
39+	Very Severe	This level represents extremely high distress. Only 2% of clients typically present with scores in this range.

Youth Global Distress Scale

Items 1- 14 on the Youth WA comprise the Global Distress scale measure behavioral and emotional symptoms as well as functioning. A total score can be derived by summing the values for the individual item responses. Total scores can range from 0 to 28. An approximate score can be calculated by imputing a value of "1 " for up to three missing responses. If more than three questions are unanswered then a meaningful total score cannot be computed.

Table 3. Youth Global Distress Scale

Item		Response Scale		
<i>How much did these problems bother you?</i>		Never	Sometimes	Often
1	Destroyed property	0	1	2
2	Was unhappy or sad	0	1	2
3	Behavior caused school problems	0	1	2
4	Had temper outbursts	0	1	2
5	Worrying prevented him/her from doing things	0	1	2
6	Felt worthless or inferior	0	1	2
7	Had trouble sleeping	0	1	2
8	Changed moods quickly	0	1	2
9	Used alcohol	0	1	2
10	Was restless, trouble staying seated	0	1	2

11	Engaged in repetitious behavior	0	1	2
12	Used drugs	0	1	2
13	Worried about most everything	0	1	2
14	Needed constant attention	0	1	2

Table 4. Youth Global Distress Severity Level Descriptions

Total Score	Severity Level	Description
0-6	Low	Low level of distress (<i>below clinical cut-off score of 7</i>)
7-12	Moderate	The most common range of scores for clients initiating standard outpatient psychotherapy.
13-20	Severe	Approximately one in four clients has an initial score in this elevated range of distress.
21 +	Very Severe	This level represents extremely high distress. Only 2% of clients typically present with scores in this range.

Substance Abuse (Questions 9 and 12): If either question is endorsed as occurring 'Often' by the youth or parent/guardian, the youth's substance use warrants further evaluation. However, as parents/guardians may not have accurate information on the youth's substance use and as the youth may under-report substance use, we encourage independent evaluation of substance use risk. The items on the Youth Global Distress scale are indicators but are not sufficient assessment of substance use risk.

Adult Substance Abuse Screening Questions

The Adult WA includes an abbreviated form of the CAGE-AID screening tool. The screening questions are scored by summing the scores or simply counting the number of "Yes" responses to the three items. Clinicians may wish to follow-up with the client about unanswered items. The volume of alcohol consumption question (Q16) provides additional information that can be helpful in interpreting the 3-item screening results.

Table 5. Adult Substance Abuse Screening Questions and Response Values

Items	Response	
	Yes	No
In the past week have you...		
22. ...ever felt you ought to cut down on our drinking or drug use?	1	0
23. ...felt annoyed by people criticizing our drinking or drug use?	1	0
24. ...felt bad or guilty about your drinking or drug use?	1	0

Table 6. Adult Substance Abuse Screening Score Descriptions

Total Score	Description
0	Negative screen for substance abuse.
1	Positive screen. Further evaluation of substance abuse issues is encouraged.
2	Positive screen. Further evaluation is critical and referral for specialty services should be considered.
3	Positive screen. Further evaluation is critical and referral for specialty services is encouraged.

Caregiver Strain Scale

Items 15-20 on the Youth WA measure the level of strain experienced by the youth's caregiver/guardian. The Caregiver Strain score is obtained by summing the values of the individual items answered. Total scores can range from 0 to 18. An approximate score can be calculated by imputing a value of "1" for one missing response. If more than one question is unanswered then a meaningful total score cannot be computed.

Table7. Caregiver Strain Scale

Item		Response Score			
<i>How much have our child's problems caused:</i>		Not at All	A Little	Somewhat	A lot
15	Interruption of personal time?	0	1	2	3
16	Disruption of family routines?	0	1	2	3
17	Any family member to suffer mental or physical problems?	0	1	2	3
18	Less attention paid to any family member?	0	1	2	3
19	Disruption or upset of relationships within the family?	0	1	2	3
20	Disruption or upset of you family's social activities?	0	1	2	3

Table 8. Caregiver Strain Level Descriptions

Score	Severity Level	Description
0-4	Low	No or mild strain (<i>below clinical cut-off score of 4.7</i>)
5-14	Moderate	The most common range of scores for caregivers with a child initiating outpatient psychotherapy.
15+	Severe	This level represents serious caregiver strain. Fewer than 10% of caregivers of children initiating outpatient psychotherapy report this level of strain.

Question 21 (number of days the child's routine was interrupted) provides additional information that can be helpful in interpreting the Caregiver Strain Scale results.

Workplace Impairment

Both the Adult and Youth WA's contain two items measuring workplace impairment. Modeled after the Health and Productivity Questionnaire, these items ask the respondent to report the number of workdays missed and the number of workdays in which they had to cut back due to physical and/or mental health problems (presenteeism). Both items are measured over the past 30 days. If the respondent is not employed outside the home, they are asked to skip the items.

Each of these items is evaluated independently. Tables 9 and 10 present the distribution of responses to the workplace items on clinician-administered WA's. The distribution reflects those respondents reporting an impact of 1 day or more in either item.

Table 9. Distribution of Workplace Impairment among Adults Reporting impairment

	Workdays Missed	Workdays with Cutback
N	73,528	62,138
Mean	6.6 days	7.6 days
10 th percentile	1	1
25 th percentile	1	2
50 th percentile (median)	3	5
75 th percentile	7	10
90 th percentile	21	20

Responses to clinician-administered WA's received between January 1, 2009 and June 30, 2010 where respondent reporting an impact of 1 day or more on either item.

Table 10. Distribution of Workplace Impairment among Parents/Guardians of Youth Reporting Impairment

	Workdays Missed	Workdays with Cutback
N	13,040	16,927
Mean	3.2 days	5.0 days
10 th percentile	1	1
25 th percentile	1	2
50 th percentile (median)	2	3
75 th percentile	3	5
90 th percentile	6	10

Responses to clinician-administered WA's received between January 1, 2009 and June 30, 2010 where respondent reporting an impact of 1 day or more on either item.

Health

Both the Adult and Youth WA's contain items on the patient's health status and use of medical services. Each of these items is evaluated individually. Both as individual items and collectively, these items are indicators of medical co-morbidity.

Item 17 on the Adult WA and item 22 on the Youth WA ask the patient to rate their general health on a scale from 'Poor' to 'Excellent'. Item 19 on the Adult WA and item 23 on the Youth WA ask the patient to indicate the number of medical visits they have had in the past 6-months. Analyses indicates a moderate correlation between these items ($r = .33$, $p < .0001$). Tables 1 1 and 12 present the distribution of responses to these two health items on clinician-administered WA's.

Table 11. Percentage of Respondents Rating General Health Status

	Adults (Question 17)	Youths (Question 22)
N	220,972	61 ,531
Excellent	14.4%	41.9%
Very Good	34.1	37.6
Good	35.9	16.4
Fair	12.9	3.6
Poor	2.7	0.5

Responses to clinician-administered WA's received between January 1, 2009 and June 30, 2010

Table 12. Percentage of Respondents Reporting Number of Medical Visits

	Adults (Question 19)	Youths (Question 23)
N	219,136	61 ,223
None	17.6%	17.8%
1 Visit	28.4	37.6
2-3 Visits	32.7	32.7
4-5 Visits	11.3	7.4
6 or more Visits	10.0	4.6

Responses to clinician-administered WA's received between January 1, 2009 and June 30, 2010

The Adult WA has an additional item (Question 18) asking the member to indicate if he/she has a serious or chronic medical condition. Four common medical conditions with high rates of psychiatric co-morbidity are listed as well as an option for 'Other Condition'. Respondents may check none, one or multiple conditions. Respondents reporting medical co-morbidity report poorer health, greater self-reported use of medical services, higher global distress scores, and greater workplace impairment (Cate, Bolstrom, McCulloch, Azocar, 2010). In addition, those with medical co-morbidity had slower rates of clinical and functional improvement than respondents without medical comorbidity (Cate, Bolstrom, McCulloch, Azocar, 2010).

Table 13. Distribution of Medical Comorbidity Amon Adult Respondents

	Percentage of Respondents
Asthma	8.5%
Diabetes	4.5%
Heart Disease	2.5%
Back or Chronic Pain	18.3%
Other	16.8%
None	60.4%

220,085 responses to clinician-administered Adult WA's received between January 1, 2009 and June 30, 2010. Percentages will exceed 100% as respondents may endorse more than one condition

References

Cate, R., Bolstrom, B., McCulloch, J., & Azocar, F. (2010) Medical comorbidity and its effect on workplace productivity in specialty care patients. *Psychiatric Annals*. 40(8): 397-407.