United Behavioral Health

Initial Wellness Assessment (Adult)

Everybody who uses services through United Behavioral Health (UBH) is asked to complete this brief questionnaire. It will help us measure whether the services were helpful in meeting your needs. Please answer each item as best you can, based on how you are feeling today. We encourage you to discuss your answers with your clinician. That way, together you can achieve the best possible results.

UBH may review your answers to see if we can offer you additional resources or support. We may also review your answers with your clinician if we believe that will help you.

UBH respects your privacy and confidentiality. Your answers will not be revealed to your employer or health plan.

Your response is very important to us. It is one of the best ways we can understand your concerns and help you get the assistance you need. While we urge you to complete this questionnaire, you are not required to do so. This questionnaire will not affect your eligibility for services through UBH.

If you have any questions about this questionnaire, please call the UBH number on the back of your enrollee identification card.

Your Information (Please print. All fields are required.)

First Name: Last Name:

Date of Birth: / / Gender: ☐ Male ☐ Female Subscriber ID:

1. Please indicate the PRIMARY problem that has led you to seek help today.

- ❍ Depressed mood
- ❍ Anxiety or worry
- ❍ Grief or loss
- ❍ Relationship/family problems
- ❍ Occupational problems
- ❍ Substance use problems
- ❍ General stress
- ❍ Physical health problems
- ❍ Other emotional/psychological problems

	Not at all	A little bit	Somewhat	Quite a bit	Extremely
2. How much have the problems which have led you to seek help bothered you in the past 30 days?	❍	❍	❍	❍	❍
3. In the past 30 days, to what extent have the problems which led you to seek help interfered with your:					
a. Family life	❍	❍	❍	❍	❍
b. Social life	❍	❍	❍	❍	❍
c. Work, schoolwork, or housework	❍	❍	❍	❍	❍
d. Health and physical well-being	❍	❍	❍	❍	❍

4. Following are problems or complaints that people sometimes have. For each problem please indicate how much that problem has bothered or distressed you during the past seven days, including today.	Not bothered	A little bothered	Moderately bothered	Quite bothered	Extremely bothered
a. Nervousness or shakiness	❍	❍	❍	❍	❍
b. Feeling lonely	❍	❍	❍	❍	❍
c. Feeling sad or blue	❍	❍	❍	❍	❍
d. Your heart pounding or racing	❍	❍	❍	❍	❍
e. Feeling hopeless about the future	❍	❍	❍	❍	❍
f. Feeling everything is an effort	❍	❍	❍	❍	❍
g. Spells of terror or panic	❍	❍	❍	❍	❍
h. Feeling so restless you couldn't sit still	❍	❍	❍	❍	❍
i. Feelings of worthlessness	❍	❍	❍	❍	❍
j. Feeling suddenly scared for no reason	❍	❍	❍	❍	❍
k. Feeling no interest in things	❍	❍	❍	❍	❍

Please continue on the next page

Your Name (please print): _____

	Strongly agree	Agree	Not Sure	Disagree	Strongly disagree
5. Please tell us how much you agree with the following three statements:					
a. I feel good about myself.	❍	❍	❍	❍	❍
b. I can deal with my problems.	❍	❍	❍	❍	❍
c. I am able to maintain control over my life.	❍	❍	❍	❍	❍

		Yes		No	
6. Are you currently employed? (If yes, please proceed to question 7 below. If no, please skip to question 11 below.)		❍		❍	
7. During the past 30 days, how many days were you unable to work because of your physical or mental health?	☐ Days				
8. During the past 30 days, how many days did you work, but had to cut back on how much you got done due to your physical or mental health?	☐ Days				

		Yes		No	
9. Are you receiving, have you filed, or are you considering filing for disability benefits or workers' compensation? (Your answers will be kept completely confidential)		❍		❍	
10. Are you having any recent problems at work?		❍		❍	
11. Are you caring for someone in your family who is ill or disabled?		❍		❍	

	Excellent	Very Good	Good	Fair	Poor
12. In general, would you say your health is:	❍	❍	❍	❍	❍

	Not bothered	A little bothered	Moderately bothered	Quite bothered	Extremely bothered
13. In the past 30 days, how much have you been bothered by physical pain?	❍	❍	❍	❍	❍

		Yes		No	
14. Do you now have a serious and/or chronic medical condition such as diabetes, cancer, heart disease, asthma, or rheumatoid arthritis?		❍		❍	

If yes, please indicate the medical condition(s) _____

	zero	1	2-3	4-5	More than 5
15. In the past six months, how many times have you seen a medical doctor or used other medical services?	❍	❍	❍	❍	❍

		Yes		No	
16. Have you had a drink or used drugs in the past 30 days? (If yes, please proceed to question 17. If no, please skip to question 23.)		❍		❍	
17. In the past 30 days, have you ever felt you ought to cut down on your drinking or drug use?		❍		❍	
18. In the past 30 days, have people annoyed you by criticizing your drinking or drug use?		❍		❍	
19. In the past 30 days, have you ever felt bad or guilty about your drinking or drug use?		❍		❍	
20. In the past 30 days, have you ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover?		❍		❍	
21. How many days in the past week did you have a beer, glass of wine, mixed drink, or shot of liquor?	☐ Days				
22. On a typical day when you have had a drink, how many glasses, bottles, cans, and/or shots do you drink?	☐ (Enter # of glasses, bottles, cans, and/or shots)				

Please continue on the next page (2 of 3)

Your Name (please print): ____________________

	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
23. Please tell us how much you agree with the following statements regarding UBH:					
a. The information and resources I received from UBH were useful.	❍	❍	❍	❍	❍
b. My calls to UBH were answered in a reasonable time.	❍	❍	❍	❍	❍
c. I received information I requested in a reasonable time.	❍	❍	❍	❍	❍
d. The UBH staff were helpful.	❍	❍	❍	❍	❍
e. If the need arose I would use services from UBH again.	❍	❍	❍	❍	❍
24. Please tell us how much you agree with the following statements regarding finding a clinician:					
a. I was satisfied with my experience of finding an available clinician.	❍	❍	❍	❍	❍
b. My first appointment with a clinician took place within an acceptable timeframe.	❍	❍	❍	❍	❍

25. At UBH we want to see how well we serve different ethnic groups. Please tell us the ethnic group that you identify with most:

- ❍ White, non-hispanic
- ❍ African American or Black
- ❍ Latino or Hispanic
- ❍ American Indian or Alaska native
- ❍ Asian or Pacific Islander
- ❍ Multiple ethnic groups
- ❍ Other ethnic groups
- ❍ Do not wish to disclose

	Yes	No
26. In order for us to measure the helpfulness of our services to you, may UBH mail you a brief Follow-up Wellness Assessment in a few months?	❍	❍

Thank you for taking the time to complete our Wellness Assessment.
Please review your answers with your clinician.

For Clinician Use (Please print. All fields are required.)

Clinician Name

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Last Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Phone Number: (☐☐☐) ☐☐☐ - ☐☐☐☐ Authorization Number: ☐☐☐☐☐☐☐☐☐☐☐☐

Date assessment given to client: ☐☐ / ☐☐ / ☐☐☐☐

If your client did not agree to complete the assessment, please initial here ________.

NOTE: You must submit this form to UBH to notify us of treatment, whether your client chose to complete it or not. Please be sure the client information on page 1 is complete before you do so.

Reviewing your client's responses helps enhance treatment planning and assess outcomes.

Please indicate that you have reviewed the responses with your client by initialing here ________.

Please return this form to UBH:

Toll-free fax: 1-800-864-8120

Mail: UBH, ATTN: BHS-Wellness Assessment
PO Box 601520
San Diego, California 92160-1520

Note: Blank copies of this form may be photocopied for use with other clients.