



Adolescent Wellbeing SCALE

Name of Young Person

Date:



Adolescent Wellbeing

SCALE FOR YOUNG PEOPLE AGED 11 TO 16

Please tick as appropriate

	Most of the time	sometimes	never
1. I look forward to things as much as I used to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I sleep very well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel like crying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I like going out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I feel like leaving home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I get stomach-aches/cramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I have lots of energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I enjoy my food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I can stick up for myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I think life isn't worth living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I am good at things I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I enjoy the things I do as much as I used to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I like talking to my friends and family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I have horrible dreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I feel very lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I am easily cheered up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I feel so sad I can hardly bear it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I feel very bored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Scoring

18. The responses to each question are scored 0, 1 or 2. How the responses are scored depends on the nature of the statement that is being responded to as well as the response. 0 means that the response indicates no concern, 1 possible concern and 2 that the young person is indicating unhappiness or low self esteem with regard to that item.

For example for question 8 – I enjoy my food – if no/never is ticked the score is 2. For question 17 – I feel so sad I can hardly bear it – a score of 2 would be obtained for most of the time.

19. A score of 13 or more has been found to indicate the likelihood of a depressive disorder. Discussion with the young person and information from other sources will be necessary to make a definite diagnosis. There will be some who score high, but who on careful consideration are not judged to have a depressive disorder, and others who score low who do have one.

20. In most instances the way a young person responds to the the different questions will be as important and as valuable as any score, because they can give an insight into that particular young person's needs. The reply to only one question may give the opportunity to understand their point of view.

Reference

Birleson P (1980) The validity of Depressive Disorder in Childhood and the Development of a Self-Rating Scale; a Research Report. *Journal of Child Psychology and Psychiatry*. 22: 73–88.



Adolescent Wellbeing

GUIDANCE ON USING SCALE

ADOLESCENT WELLBEING SCALE

Background

1. How young people feel in themselves is a vital part of any assessment.
2. It is important to understand their worries and concerns, and whether they are depressed or even suicidal.
3. There is good evidence that the way a young person is feeling is often not recognised by their parents or caregivers. This makes it particularly important to have a way of helping them to express directly how they are feeling.
4. With very young children their reporting can fluctuate from day to day, or even hour to hour – they do not necessarily give a stable view of their situation. Evaluation of their perspective requires particular care, so questionnaires are not usually a good starting point
5. Older children and adolescents can give a more reliable report, which means that a questionnaire may be more helpful. As with some adults they often find it easier to respond to a questionnaire about feelings than face-to-face interviewing.

The Scale

6. The Adolescent Wellbeing Scale was devised by Birlleson to pick up possible depression in older children and adolescents. It has been shown to be effective for this purpose.
7. The scale has 18 questions – each relating to different aspects of an adolescent's life, and how they feel about them. They are asked to indicate whether the statement applies to them most of the time, sometimes or never.
8. The scale can be used by children as young as 7 or 8, but as indicated above, responses are more reliable for those aged 11 or more.

Reference

Birlleson P (1980) The validity of Depressive Disorder in Childhood and the Development of a Self-Rating Scale; a Research Report. *Journal of Child Psychology and Psychiatry*. 22: 73–88.

Use

9. In piloting social workers found young people were pleased to have the opportunity to contribute to the assessment.
10. The questionnaire often helped them express their feelings. It gave 'an overall insight in a short time'. It presented a 'truer picture of the adolescent's state of mind'. 'It gave me insight into how sad and overwhelmed the young person felt'.
11. On occasions use of the scale pointed to particular issues that could be a focus for further work. It gave an opportunity for 'the young person to look at themselves'.
12. The scale has proved useful with adolescents at initial assessment, but also to monitor progress. For example it helped 'clarify a young person's feeling about placement with their mother'.
13. During piloting over half the young people who filled out the questionnaire were above the cut-off score of 13 indicating a probable depressive disorder.

Administration

14. The young person needs to understand the aim of the questionnaire, and how it fits into any wider assessment.
15. Ideally it is completed by the adolescent themselves, but, if necessary, it can be administered verbally.
16. Discussion is usually best at the end, but there may be important areas that need to be picked up as the result of comments made while the questionnaire is being filled out. A number of adolescents talk as they are completing the scale, and this may provide a good opportunity to promote conversation, or establish rapport.
17. During piloting the scale took about 15 minutes to complete, ensuing discussion took longer.