Well-Being Assessment

(Adult - 24 items)

The *Well-Being Assessment (Adult - 24 items)* was a joint collaboration between members of the Institute for Healthcare Improvement's 100 Million Healthier Lives metrics team and The Human Flourishing Program at Harvard's Institute for Quantitative Social Science. This harmonized consolidation of well-being assessments incorporates both the *Well-Being Assessment (Adult - 12 items) – 100 Million Healthier Lives* (Stiefel et al., 2020) and the *Flourishing Index* (VanderWeele, 2017), along with additional items developed jointly. The entire 24-item assessment can be used without permission for noncommercial purposes, provided appropriate citation is given.

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Well-being Assessment (Adult – 24 items)

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Name (optional)			
Month	Day	Year	

Well-Being Assessment (Adult - 24 items)

I. Life Satisfaction and Life Evaluation

- Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you, and the bottom of the ladder represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time?
 [0 = Worst Possible, 10 = Best Possible]
- On which step do you think you will stand about five years from now?
 [0 = Worst Possible, 10 = Best Possible]
- Overall, how satisfied are you with life as a whole these days?
 [0 = Not Satisfied at All, 10 = Completely Satisfied]
- II. Physical Health, Mental Health, and Physical Function
- 4. In general, how would you rate your physical health? [0 = Poor, 10 = Excellent]
- How would you rate your overall mental health?
 [0 = Poor, 10 = Excellent]
- For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?
 [0 = Not Limited at All, 10 = Severely Limited]
- III. Meaning and Purpose
- 7. Overall, to what extent do you feel the things you do in your life are worthwhile?[0 = Not at All Worthwhile, 10 = Completely Worthwhile]
- I understand my purpose in life.
 [0 = Strongly Disagree, 10 = Strongly Agree]
- 9. I have a sense of direction and purpose in life.[0 = Strongly Disagree, 10 = Strongly Agree]

Name (optiona	I)		
Month	Day	Year	

IV. Character and Caring

10. I always act to promote good in all circumstances, even in difficult and challenging situations.

[0 = Not True of Me, 10 = Completely True of Me]

- **11.** I am always able to give up some happiness now for greater happiness later. [0 = Not True of Me, 10 = Completely True of Me]
- 12. How often do you show someone in your community that you love or care for them?

[0 = Never, 10 = Very Frequently]

- V. Relationships
- 13. I am content with my friendships and relationships.[0 = Strongly Disagree, 10 = Strongly Agree]
- 14. My relationships are as satisfying as I would want them to be.[0 = Strongly Disagree, 10 = Strongly Agree]
- **15. How often do you feel lonely?** [0 = Never, 10 = Always]
- VI. Community and Social Support
- **16. How would you describe your sense of belonging to your local community?** [0 = Very Weak, 10 = Very Strong]
- 17. If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them, or not?[0 = Never, 10 = Always]
- 18. Are you satisfied or dissatisfied with the city or area where you live?[0 = Completely Dissatisfied, 10 = Completely Satisfied]

Name (optional)	
Month	Day	Year

VII. Financial Evaluation and Stability

19. How often do you worry about being able to meet normal monthly living expenses?

[0 = Worry All of the Time, 10 = Do Not Ever Worry]

- 20. How often do you worry about safety, food, or housing?[0 = Worry All of the Time, 10 = Do Not Ever Worry]
- 21. Please imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now.

[0 = Worst Possible, 10 = Best Possible]

VIII. Affect

- 22. In general, how happy or unhappy do you usually feel?[0 = Extremely Unhappy, 10 = Extremely Happy]
- 23. During the past two weeks, how often have you experienced positive emotions such as joy, affection, or hope?[0 = Never, 10 = All of the Time]
- 24. During the past two weeks, how often have you experienced negative emotions such as sadness, worry, or despair?[0 = Never, 10 = All of the Time]

Name (optional)		
Month	Day	Year	

The two components of the Well-being Assessment (Adult – 24 items) are:



Well-being Assessment (Adult – 12 items) – 100 Million Healthier Lives.

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Stiefel MC, Riley CL, Roy B, Straszewski T. *Well-being Assessment (Adult – 12 items)-100 Million Healthier Lives.* Boston: 100 Million Healthier Lives, convened by the Institute for Healthcare Improvement; 2020. (Available at <u>www.ihi.org/100MLives</u>)



Flourishing Index

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VanderWeele, T. J. (2017). <u>On the promotion of human flourishing</u>. *Proceedings of the National Academy of Sciences of the United States of America*, *114*, 8148–8156. https://doi.org/10.1073/pnas.1702996114

Name (optiona	l)	
Month	Day	Year

Optional Sociodemographic Items

S1. What is your gender?

- □ Man
- □ Woman
- □ Transgender Man
- □ Transgender Woman
- □ Nonbinary
- □ Other _
- Prefer Not to Identify

S2. What is your age? _____ years

Please answer the question about Hispanic, Latino, and/or Spanish origin, the question about Middle Eastern and/or North African origin, **AND** the question about race. For this survey, Hispanic, Latino, and/or Spanish origins and Middle Eastern and/or North African origins are not races.

S3. Are you of Hispanic, Latino, and/or Spanish origin?

- $\hfill\square$ No, not of Hispanic, Latino, or Spanish origin
- □ Yes, of Hispanic, Latino, and/or Spanish origin

S4. Are you of Middle Eastern and/or North African origin?

- No, not of Middle Eastern or North African origin
- □ Yes, of Middle Eastern and/or North African origin

S5. Which one or more of the following would you say is your race (select all that

apply)?

- □ American Indian or Alaska Native
- Asian
- Black or African American
- D Pacific Islander
- □ White
- □ Other

S6 What is the highest grade or level of education you completed?

- Never attended school or only attended kindergarten
- Grades 1-8
- □ Some high school
- □ High school degree or GED
- $\hfill\square$ Some college or technical school
- □ College degree
- □ Some postgraduate
- Postgraduate degree

S7. What is the ZIP Code where you live?