Well-Being Inventory (WBI)

Version date: 2019

Note to Test Administrators:

Please note that this document includes WBI items, along with suggested instructions to include with WBI item sets. Guidance for test administrators is provided in gray text throughout the document and should not be included when administering WBI measures to respondents. As indicated in the manual that accompanies this measurement tool, separate item sets may be extracted from the full inventory and administered separately. WBI measures may be administered via paper-and-pencil, web, or telephone. If the full inventory is administered via paper-and-pencil it is important to explain to test-takers that some sections may not be relevant for them and that they can skip these sections (for example, individuals who are not parents should not be asked to complete parental functioning items). In addition, items that are denoted as contextual items are not part of the WBI scoring and do not need to be administered to generate WBI measure scores. Further details on the WBI and its scoring are available in the WBI manual.
Well-Being Inventory

Instructions: This inventory contains questions regarding your experiences in the key life domains of vocation (work, education), finances, health, and social relationships. Please follow the instructions that are provided at the beginning of each section and select the most appropriate response. Please be open and honest in your responses. There are no right or wrong answers.

SECTION 1: VOCATION (WORK AND EDUCATION)

SECTION 1A

In this section, you will be asked about your work experiences.

A1. What is your current employment status?
   - Working for pay
   - Not working for pay but actively looking for paid work
   - Not working for pay and not looking for paid work

ASK OF ALL THOSE WHO INDICATED THEY WORK FOR PAY

A2. In a typical week how many hours do you work for pay? _______

A3. Do you have more than one paid job?
   - Yes
   - No

A4. Which best describes your primary employer?
   - For-Profit Business (either public or private)
   - Non-Profit Organization, including tax exempt and charitable organizations
   - State or Local Government organization, such as public school, fire department, police department, or other public service
   - Federal Government organization, such as Department of Veterans Affairs
   - You are self-employed, running your own business
   - Other (please specify): ______________________________

A5. Which best describes your primary field of work?
   - Agriculture/farming, fishing, forestry, mining, oil/gas extraction
   - Construction
   - Facilities & operations management (for example, building and grounds keeping, landscaping installation, repairs, maintenance operations, and cleaning)
   - Manufacturing of products (for example, food, beverages, carpet, fabric, textile, apparel, tobacco, paper, toys, motor vehicles)
A6. Which best describes your position within your field? If you are not sure, please make your best guess.

- Entry-level
- Mid-level
- Upper-level

A7. How long have you been in your current job? (If you have more than one job, please respond to this question with respect to your primary job):

______ years   ______ months
ASK OF EVERYONE

A8. Do you do any of the following types of unpaid work? **Mark all that apply.**
   - I do not do any unpaid work
   - Full-time care of children under the age of 18
   - Full-time care of an adult (for example, spouse/parent/disabled child 18 or over)
   - Full-time homemaker without full-time child or elder care responsibilities
   - Volunteer work (excluding time spent helping friends, relatives, and/or neighbors)

ASK OF THOSE WHO INDICATE NOT WORKING FOR PAY BUT ACTIVELY LOOKING FOR PAID WORK IN A1

A9. What is the **main** reason you have not been working for pay?
   - Laid off
   - Fired
   - Quit my previous job
   - Was unable to work due to medical problems
   - Was in school or other training program
   - Other reason (please specify): ______________

ASK OF THOSE WHO INDICATE NOT WORKING FOR PAY AND NOT LOOKING FOR PAID WORK IN A1

A10. What is the **main** reason you are not looking for paid work?
   - Unable to work because of an injury or illness
   - Unable to work because of an ongoing physical health condition or disability
   - Unable to work because of an ongoing mental/emotional condition or disability
   - Unable to find work
   - Retired from the workforce
   - Full-time homemaker and/or caregiver
   - In school/training
   - Not interested in paid employment
   - Other reason (please specify): ______________

ASK OF ALL THOSE WHO INDICATED THAT THEY VOLUNTEER IN A8

A11. In a typical week, how many hours of unpaid volunteer work do you do? _________

A12. What type(s) of organization(s) do you volunteer for? **Mark all that apply.**
   - Civic, political, professional, or international
   - Educational, school, or youth service
   - Environmental or animal care
   - Hospital or other health organization
   - Public safety, emergency services
   - Religious
A13. What type(s) of volunteer work do you do? **Mark all that apply.**
- Coach, referee, or supervise sports teams
- Tutor or teach
- Mentor youth or peers
- Usher, greeter, or minister
- Collect, prepare, distribute, or serve food
- Fundraise or sell items to raise money
- Provide counseling, medical care, fire, or protective services
- Provide general office services
- Provide professional or management assistance, including serving on a board or committee
- Engage in music, performance, or other artistic activities
- Engage in general labor and/or supply transportation to people
- Other (please specify): _______________________

**SECTION 1B**

**ASK OF THOSE WHO INDICATE WORKING FOR PAY, VOLUNTEERING, OR CAREGIVING/HOMEMAKING IN A1&A8**

Please answer the next questions with respect to the PRIMARY WORK you have done over the last 3 months. For fulltime homemakers and/or unpaid caregivers, meal preparation, household maintenance, and/or child-rearing may be considered your work. For volunteers without paid employment, volunteer work is considered your work.

<table>
<thead>
<tr>
<th>Over the last 3 months, please indicate how often:</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most or all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>B1. You completed your work when expected. (for example, attending work regularly, completing tasks on time)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B2. You went above and beyond in your work. (for example, completing required tasks ahead of schedule, taking on extra responsibilities)</td>
<td>1 2 3 4 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
B3. You maintained positive relationships with others in your work setting. *(for example, avoiding conflict when possible, being patient with coworkers)*

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

B4. The quality of your work was excellent.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

**SECTION 1C**

**ASK OF THOSE WHO INDICATE WORKING FOR PAY IN A1**

<table>
<thead>
<tr>
<th>Over the last 3 months how satisfied have you been with:</th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>C1. Your pay and benefits.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C2. Your work environment. <em>(for example, people you work with, work setting)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**ASK OF THOSE WHO INDICATE WORKING FOR PAY, VOLUNTEERING, OR CAREGIVING/HOMEMAKING IN A1&A8**

Please answer the next questions with respect to the PRIMARY WORK you have done over the last 3 months. For fulltime homemakers and/or unpaid caregivers, please note that meal preparation, household maintenance, and/or child-rearing are considered your work. For volunteers, volunteer work is considered your work.

<table>
<thead>
<tr>
<th>Over the last 3 months, how satisfied have you been with:</th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>C3. The kind of work you do.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>C4. How much your work contributions are valued.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
C5. Your ability to advance your vocational goals in your current role.  
1 2 3 4 5

C6. Your ability to apply your skills and knowledge to your work.  
1 2 3 4 5

SECTION 1D

In this next section, you will be asked about your educational and training experiences.

D1. Are you currently pursuing additional education or attending a trade or technical/vocational school (excluding on-the-job training)?
   ○ Yes, full-time (12 or more credits of coursework, if in university setting)
   ○ Yes, part-time (less than 12 credits of coursework, if in university setting)
   ○ No

ASK OF THOSE WHO INDICATE THEY ARE A STUDENT IN D1

D2. What type of additional education or training are you pursuing?
   ○ High school diploma / GED
   ○ Technical/vocational training (for example, carpentry, computer programming, medical technician training)
   ○ Taking undergraduate courses but not enrolled in an undergraduate program
   ○ Associate’s degree (for example, AA, AS)
   ○ Bachelor’s degree (for example, BA, BS)
   ○ Taking graduate courses but not enrolled in a graduate program
   ○ Master’s degree (for example, MA, MS, MEng, MEd, MSW, MBA)
   ○ Doctorate degree (for example, PhD, EdD)
   ○ Professional degree beyond a bachelor’s degree (for example, MD, DDS, DVM, LLB, JD)

D3. Which of the following best describes your primary field of study in your current education or training?
   ○ Arts and humanities (for example, English, art, history, journalism)
   ○ Biological sciences (for example, biology, environmental science)
   ○ Business (for example, accounting, finance)
   ○ Education (for example, elementary education, special education)
   ○ Computer-related (for example, computer science, information technology)
   ○ Engineering (for example, chemical or mechanical engineering)
   ○ Physical science (for example, chemistry, statistics)
   ○ Health science (for example, nursing, veterinary, health technology)
   ○ Social science (for example, social work, psychology)
   ○ Technical/vocational training (please specify): ___________________
Other (please specify): ________________

ASK OF EVERYONE

D4. What is the highest degree or level of education you have completed?
   ○ Less than high school
   ○ Some high school but no diploma or GED
   ○ High school diploma / GED
   ○ Post-high school vocational or technical training
   ○ Some college credit, no degree
   ○ Associate’s degree (for example, AA, AS)
   ○ Bachelor’s degree (for example, BA, BS)
   ○ Master’s degree (for example, MA, MS, MEng, MEd, MSW, MBA)
   ○ Doctorate degree (for example, PhD, EdD)
   ○ Professional degree beyond a bachelor’s degree (for example, MD, DDS, DVM, LLB, JD)

SECTION 1E

ASK OF THOSE WHO INDICATE THEY ARE A STUDENT IN D1

<table>
<thead>
<tr>
<th>Over the last 3 months of your education or training, please indicate how often:</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most or all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1. You completed all required coursework/training activities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E2. You went above and beyond in your educational activities. <em>(for example, completing assignments ahead of schedule, participating in educational activities outside of class)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E3. You did your part to create a positive learning environment. <em>(for example, contributing to discussions, showing appreciation for others’ viewpoints)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>E4. The quality of your coursework/training activities was excellent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

SECTION 1F
ASK OF THOSE WHO INDICATE THEY ARE A STUDENT IN D1

<table>
<thead>
<tr>
<th>Over the last 3 months of your education or training, how satisfied have you been with:</th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>F1. The quality of your education or training experience.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F2. The extent to which your education or training is advancing your career goals.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>F3. Your learning environment. (for example, teachers and other students, educational setting)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

SECTION 2: FINANCES

In the next section we ask about your financial circumstances. Please remember that all information you provide is completely confidential and will be used to better understand your financial well-being. Also, if you are not sure how to answer some of these questions, please provide your best guess.

In this set of questions, your household refers to you, other earners who share the majority of expenses, and those who depend on this income (for example, children or elders).

SECTION 2G

ASK OF EVERYONE

G1. Are you able to pay for all necessary expenses each month, such as mortgage/rent, debt payments, and groceries?
   - Yes
   - No

G2. Does your household have at least 3 months of your typical income set aside in case of an unexpected financial event?
   - Yes
   - No

G3. Does your household have the insurance coverage you and/or your family would need if an unexpected financial event were to occur (for example, disability insurance, property insurance, and/
G4. Has your household begun to set aside money for retirement?
   ○ Yes
   ○ No

G5. Is your household more than one month behind on your debt payments (for example, mortgage or credit card)?
   ○ No, my household is not more than one month behind in debt payments
   ○ Yes, my household is over one month behind in debt payments
   ○ Not applicable- my household does not have any debt

G6. Are you currently concerned that you will lose your housing and be unable to find stable alternative housing?
   ○ Yes
   ○ No

ASK OF EVERYONE

G7. How many people are supported by your HOUSEHOLD income, including yourself, your significant other (if you have one), and anyone else partially or fully supported by this income whether or not they live with you? _______

G8. What is your current living situation?
   ○ Rent an apartment, house, or room
   ○ Own an apartment or house
   ○ Live with a friend or relative and not paying rent
   ○ Live in a dormitory at school
   ○ Live in a medical or assisted living facility, such as a hospital or rehab center
   ○ Live in transitional housing (for example, a halfway house)
   ○ Live in a car, on the street, or in a homeless shelter
   ○ Somewhere else (fill-in:______________________________)

ASK OF THOSE WHO INDICATED THEY WORK FOR PAY IN A1

G9. Please provide your expected annual SALARY before taxes are taken out. If you do not know your salary, please indicate how much you expect to earn per hour (before taxes). If you do not know the answer, please make your best guess.

   ANNUAL SALARY (before taxes): _________________
ASK OF EVERYONE

G10. Please provide an estimate of your HOUSEHOLD’S yearly income before taxes are taken out. Include all sources of income, including salary, as well as any disability payments, real estate income, and any other sources of income from all earners in your household. If you do not have other sources of income and you are the only earner in your household, this may be the same as your salary. If you do not know the answer, please make your best guess.

$ ____________________

ASK OF EVERYONE

G11. Approximately how much money does your household have readily available (for example, in cash and savings) to cover a financial emergency, such as loss of a job? If you do not know the answer, make your best guess.

$ ____________________

G12. Approximately how much does your HOUSEHOLD pay towards debt and housing expenses PER MONTH (for example, mortgage/rent, bills, credit card debt, student loans, etc.).

$ ____________________

ASK OF EVERYONE

SECTION 2H

<table>
<thead>
<tr>
<th>Over the last 3 months, how often have you:</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most or all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. Followed a budget.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>H2. Compared prices when purchasing a product or service.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### SECTION 2I

**ASK OF EVERYONE**

<table>
<thead>
<tr>
<th>Over the last 3 months, how satisfied have you been with:</th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>I1. Your ability to pay for necessities.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I2. Your ability to afford extras. <em>(for example, vacation, dinner out)</em></td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I3. The amount of savings you have.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I4. The amount of debt you have.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

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SECTION 3: CURRENT HEALTH

In this next section, you will be asked about your current physical and emotional/mental health.

SECTION 3J

ASK OF EVERYONE

J1. Do you have an ongoing physical health condition, illness, or disability (for example, high blood pressure, pain)?
   ○ Yes
   ○ No

J2. Do you have an ongoing mental/emotional health condition, illness, or disability (for example, depression, anxiety)?
   ○ Yes
   ○ No

ASK OF THOSE WHO INDICATE A PHYSICAL HEALTH PROBLEM IN J1 OR A MENTAL HEALTH PROBLEM IN J2

J3. What ongoing physical or mental/emotional health conditions, illnesses, or disabilities do you have? Mark all that apply.
   ○ High blood pressure or other heart problem
   ○ High cholesterol
   ○ Diabetes requiring insulin, other medication, or special diet
   ○ Obesity
   ○ Sleep problem or disorder
   ○ Chronic pain or pain related disorder (for example, knee, back, migraines)
   ○ Arthritis
   ○ A hearing condition that is not correctable
   ○ Alcohol or drug (including prescription drugs) abuse/dependence
   ○ Posttraumatic stress disorder
   ○ Depression
   ○ Anxiety disorder (for example, panic disorder, generalized anxiety disorder)
   ○ Other chronic physical or mental health problem #1 (please specify):_________________
   ○ Other chronic physical or mental health problem #2 (please specify):_________________
   ○ Other chronic physical or mental health problem #3 (please specify):_________________

ASK OF EVERYONE

J4. Do you have healthcare coverage (for example, employer-provided health insurance, Medicaid)?
ASK OF THOSE WHO INDICATED THAT THEY HAVE HEALTHCARE COVERAGE IN J4

J5. Which of the following best describe your main sources of healthcare coverage?
- Employer-provided health insurance (could be from your current or former employer, a family member's current or former employer, or a union)
- A plan you purchased through a healthcare exchange (for example, Healthcare.gov, State exchange, Obamacare, etc.)
- TRICARE
- VA
- Medicaid
- Medicare
- Other government assisted health plan
- Something else (please specify): _________________________

SECTION 3K

ASK OF EVERYONE

<table>
<thead>
<tr>
<th>Over the last 3 months, how often have you:</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most or all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1. Eaten a generally healthy diet. (for example, low fat, limited sugar, adequate servings of fruits and vegetables)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K2. Gotten at least 2 hours and 30 minutes of moderate physical activity OR 1 hour and 15 minutes of vigorous activity each week.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K3. Done muscle strengthening exercises at least two days per week.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K4. Gotten quality sleep.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>K5. Had sexual intercourse without a condom with more than one person or with a person you did not know.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
### K6. Used tobacco and/or nicotine products. *(for example, cigarettes, cigars, vape)*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### K7. Used alcohol in a way that put your health at risk. *(for example, blacking out, driving drunk)*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### K8. Used drugs (including prescription drugs) in a way that put your health at risk. *(for example, losing memory or consciousness, driving under the influence)*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### K9. Completed recommended medical care. *(for example, physical exams)*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### K10. Maintained personal cleanliness. *(for example, personal care, household chores)*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### K11. Spent time doing things that you enjoy.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### K12. Spent time doing things that you find personally meaningful.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

## SECTION 3L

### ASK OF EVERYONE

<table>
<thead>
<tr>
<th>Over the last 3 months, how satisfied have you been with:</th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1. Your physical health</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>L2. Your emotional/mental health.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>L3. Your health care.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
SECTION 4: SOCIAL RELATIONSHIPS

In this next section, you will be asked about your romantic relationship involvement.

SECTION 4M

ASK OF EVERYONE

M1. What is your current marital status?
   - Never married
   - Married - first and only marriage
   - Married - second or later marriage
   - Separated
   - Divorced
   - Widowed

ASK OF THOSE WHO DID NOT INDICATE MARRIED IN M1

M2. Are you currently in a romantic relationship?
   - Currently in a relationship and living as a couple
   - Currently in a relationship but not living as a couple
   - Not currently in a relationship

ASK OF THOSE WHO INDICATE MARRIED ON M1 OR IN A RELATIONSHIP ON M2

M3. How long have you been married or in your current relationship?
   __ years __ months

ASK OF THOSE WHO INDICATE NOT MARRIED ON M1 AND NOT IN A RELATIONSHIP ON M2

M4. Which of the following is true with respect to your romantic relationship status?
   - I would like to be in a relationship
   - I prefer not to be in a relationship at this time

SECTION 4N

ASK OF THOSE WHO INDICATE MARRIED ON M1 OR IN A RELATIONSHIP ON M2

<table>
<thead>
<tr>
<th>Over the last 3 months, how often have you done the following in your romantic relationship:</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most or all of the time</th>
</tr>
</thead>
</table>

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### N1. Provided your significant other with the emotional support they sought.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### N2. Shared your intimate thoughts and feelings.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### N3. Done your fair share of day-to-day tasks. (for example, grocery shopping, errands, planning activities)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### N4. Initiated leisure time activities that both you and your significant other enjoy.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### N5. Made effort to work through disagreements respectfully.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### N6. Expressed interest and/or willingness to engage in regular sexual or physical intimacy.

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

## SECTION 4O

### ASK OF THOSE WHO INDICATE MARRIED ON M1 OR IN A RELATIONSHIP ON M2

**Everybody has aspects of their relationship that make them more or less happy. Over the last 3 months, how satisfied have you been with your significant other’s contribution to the following aspects of your romantic relationship:**

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
</table>

### O1. Emotional closeness. (for example, sharing personal thoughts and feelings)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### O2. Companionship. (for example, doing enjoyable activities together)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

### O3. Sexual and physical intimacy. (for example, holding hands or having sex)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>
In this next section, you will be asked about your parenting experiences.

**SECTION 4P**

P1. Are you a parent or have you served in a parenting role during the past three months?
   ○ Yes
   ○ No

ASK OF THOSE WHO INDICATE HAVING CHILDREN OR BEING IN A PARENTING ROLE IN P1

P2. Do you have children who are younger than 18?
   ○ Yes
   ○ No

ASK OF THOSE WHO INDICATE HAVING CHILDREN OR BEING IN A PARENTING ROLE IN P1

P3. How many children do you have in the following age categories (including both your own biological children and other children for whom you have parenting responsibilities)?
   *Enter a number on each line; write 0 if you do not have any children in that age category.*

<table>
<thead>
<tr>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 5 years old</td>
</tr>
<tr>
<td>Age 5 through 12 years old</td>
</tr>
</tbody>
</table>
Age 13 through 17 years old

Age 18 through 26

27 years +

ASK OF THOSE WHO DO NOT INDICATE HAVING CHILDREN IN P1

P4. Which of the following is true with respect to your parenting status?
  ○ I would like to be a parent now
  ○ I prefer not to be a parent at this time

SECTION 4Q

ASK OF ALL THOSE WHO HAVE CHILDREN UNDER 18 IN P2

Please answer the following questions with regard to children under 18 for whom you have parenting responsibilities.

<table>
<thead>
<tr>
<th>All parents have strengths and weaknesses. Over the last 3 months, how often have you:</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most or all of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1. Provided a healthy environment for your child(ren). (for example, preparing healthy meals, caring for their health, keeping them safe)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q2. Been a good example for your child(ren). (for example, being respectful during disagreements with others, taking good care of your own health)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Q3. Been actively involved in your child(ren)’s activities. (for example, regularly attending sporting and school events, giving your full attention during time together)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
Q4. Met your child(ren)’s needs for physical affection and emotional support. (for example, giving them hugs, being sympathetic to their problems)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

Q5. Been able to successfully manage your child(ren)’s unique challenges. (for example, effectively disciplining children)

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
</table>

**SECTION 4R**

**ASK OF THOSE WHO INDICATE HAVING CHILDREN OR BEING IN A PARENTING ROLE IN P1**

Please answer the following questions with regard to ALL children for whom you have parenting responsibilities.

<table>
<thead>
<tr>
<th>Parenting can be both rewarding and challenging. How satisfied have you been with the following aspects of your parenting experiences over the last 3 months:</th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>R1. How close you are with your child(ren).</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>R2. How much enjoyment you get from parenting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>R3. How your child(ren) are doing in life.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

**SECTION 4S**

**ASK OF EVERYONE**

In this next section, you will be asked about your experiences in your broader community, as well as your relationships with relatives and friends.
<table>
<thead>
<tr>
<th>Over the last 3 months, have you regularly done the following:</th>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1. Participated in a religious or spiritual community.</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>S2. Volunteered for a charity, political group, or other local organization. (for example, a service organization, a political campaign)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>S3. Participated in a community group that shares similar hobbies. (for example, a sports team, a book club)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>S4. Participated in a community group with shared background characteristics. (for example, a Veterans organization, mom's group)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>S5. Attended broader community social events. (for example, town road race, music festival)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>S6. Spent time with relatives other than your significant other or children. (for example, getting together, catching up by telephone or email)</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>S7. Spent time with close friends. (for example, getting together, catching up by telephone or email)</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

**SECTION 4T**

**ASK OF EVERYONE**

<table>
<thead>
<tr>
<th>Over the last 3 months, how often have you:</th>
<th>Never</th>
<th>Rarely</th>
<th>Sometimes</th>
<th>Often</th>
<th>Most or all of the time</th>
</tr>
</thead>
</table>

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T1. Gotten along well with members of your community.  
T2. Followed the rules and expectations of your community. *(for example, driving the speed limit, being quiet in the evening and early morning hours)*  
T3. Helped out with your community’s needs. *(for example, assisting neighbors in need, volunteering for community projects)*  
T4. Provided support or help to friends when needed.  
T5. Been available when friends wanted to spend time together.  
T6. Gotten along well with friends.  
T7. Provided support or help to relatives other than your significant other or children when needed.  
T8. Been available when relatives other than your significant other or children wanted to spend time together.  
T9. Gotten along well with relatives other than your significant other or children.

**SECTION 4U**

**ASK OF EVERYONE**

<table>
<thead>
<tr>
<th>Over the last 3 months, how satisfied have you been with:</th>
<th>Very dissatisfied</th>
<th>Somewhat dissatisfied</th>
<th>Neither satisfied nor dissatisfied</th>
<th>Somewhat satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
</table>

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Support for the development and validation of the Well-Being Inventory (WBI) was provided by the National Center for Posttraumatic Stress Disorder, as well as the Veteran Metrics Initiative Study, which is managed by the Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc.

For inquiries or further information, please contact Dr. Dawne Vogt at the National Center for PTSD, VA Boston Healthcare System, 150 S. Huntington Ave., Boston, MA 02130; Phone: (857) 364-5976; Dawne.Vogt@va.gov

| U1. The area where you live. *(for example, available resources, safety)* | 1 | 2 | 3 | 4 | 5 |
| U2. Your sense of belonging in your community. | 1 | 2 | 3 | 4 | 5 |
| U3. Your relationships with relatives other than your significant other or children. | 1 | 2 | 3 | 4 | 5 |
| U4. Your relationships with friends. | 1 | 2 | 3 | 4 | 5 |