



National Center for
PTSD
POSTTRAUMATIC STRESS DISORDER

Well-Being Inventory (WBI)

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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 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

ADMINISTRATOR: 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*)

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Transportation & warehouse (*for example, aviation specialists including pilots and controllers, postal service and delivery, logistics, couriers, driver, moving materials, factory worker, packing and distribution*)

Government, public administration, & military (*for example, military or combat personnel, national security or international affairs, consultants or contractors, and other government and support personnel*)

Police, fire, or other protective services (*for example, safety officer, security, correctional officer*)

Retail, sales & customer care (*for example, cashier, customer service, car sales, real estate including rental/leasing/selling, broker, landlord or other sales-related work*)

Hospitality service & food management (*for example, housekeeping, cook, food preparation and service, bartender, server*)

Administration (*for example, human resources, project management, staffing/employment services, and other office and administrative support personnel*)

Personal care (*for example, hairdresser, cosmetologist, barber, fitness trainer, and other personal services*)

Education & other training-related work (*for example, teacher, professor, librarian, academic advisor, professional coach, and other educational support services*)

Community & social services (*for example, individual and family service provider, child day care provider, religious services including pastor, clergy, priest, and other church ministry personnel*)

Arts, entertainment, media, & recreation (*for example, performing arts, art galleries, sports centers, amusement and gambling industries*)

Computer, information technology, & other technical services (*for example, newspaper or software publisher, telecommunications, data processing, broadcasting, computer design, advertising*)

Healthcare practitioner, therapist, or support staff (*for example, physician, dentist, chiropractor, counselor, nurse, EMT, residential care specialist*)

Architecture, engineering, & science professionals

Legal services (*for example, lawyer, clerk, or other legal work*)

Business & financial operations (*for example, banking, accounting, auditing, compliance officers, claims processor, quality assurance, management, financial and insurance services*)

Other (Please specify):

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

ADMINISTRATOR: 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)

ADMINISTRATOR: 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):

ADMINISTRATOR: 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):

ADMINISTRATOR: 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

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- Social or community service
- Sport, hobby, cultural arts
- Veteran service organization
- Other (please specify):

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

ADMINISTRATOR: 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.

Over the last 3 months, please indicate how often:	Never	Rarely	Sometimes	Often	Most or all of the time
B1. You completed your work when expected. (for example, attending work regularly, completing tasks on time)	1	2	3	4	5
B2. You went above and beyond in your work. (for example, completing required tasks ahead of schedule, taking on extra responsibilities)	1	2	3	4	5

Participant ID#

Over the last 3 months, please indicate how often:	Never	Rarely	Sometimes	Often	Most or all of the time
B3. You maintained positive relationships with others in your work setting. <i>(for example, avoiding conflict when possible, being patient with coworkers)</i>	1	2	3	4	5
B4. The quality of your work was excellent.	1	2	3	4	5

SECTION 1C

ADMINISTRATOR: ASK OF THOSE WHO INDICATE WORKING FOR PAY IN A1

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

ADMINISTRATOR: 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.

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
C3. The kind of work you do.	1	2	3	4	5

Participant ID#

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
C4. How much your work contributions are valued.	1	2	3	4	5
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

ADMINISTRATOR: 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*)

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- 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):

ADMINISTRATOR: 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

ADMINISTRATOR: ASK OF THOSE WHO INDICATE THEY ARE A STUDENT IN D1

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

Participant ID#

Over the last 3 months of your education or training, please indicate how often:	Never	Rarely	Sometimes	Often	Most or all of the time
E4. The quality of your coursework/ training activities was excellent.	1	2	3	4	5

SECTION 1F

ADMINISTRATOR: ASK OF THOSE WHO INDICATE THEY ARE A STUDENT IN D1

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

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

ADMINISTRATOR: ASK OF EVERYONE

G1. Are you able to pay for all necessary expenses each month, such as mortgage/rent, debt payments, and groceries?

Participant ID#

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/or life insurance*)?

Yes
No

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

ADMINISTRATOR: 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:

ADMINISTRATOR: 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):

-OR-

HOURLY PAY RATE (before taxes):

ADMINISTRATOR: 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.

\$

ADMINISTRATOR: 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.*).

\$

ADMINISTRATOR: ASK OF EVERYONE

SECTION 2H

Participant ID#

Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
H1. Followed a budget.	1	2	3	4	5
H2. Compared prices when purchasing a product or service.	1	2	3	4	5
H3. Kept a written or electronic record of your spending.	1	2	3	4	5
H4. Been late in paying a bill.	1	2	3	4	5
H5. Had credit card debt that you did not pay of each mon th.	1	2	3	4	5
H6. Spent more than you could afford on clothing, entertainment, and other extras.	1	2	3	4	5
H7. Contributed part of each paycheck (or other income) to a retirement account such as a 401k or IRA.	1	2	3	4	5
H8. Contributed part of each paycheck (or other income) to a personal savings account.	1	2	3	4	5

SECTION 2I

ADMINISTRATOR: ASK OF EVERYONE

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
I1. Your ability to pay for necessities.	1	2	3	4	5
I2. Your ability to afford extras. (for example, vacation, dinner out)	1	2	3	4	5

Participant ID#

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
I3. The amount of savings you have.	1	2	3	4	5
I4. The amount of debt you have.	1	2	3	4	5

SECTION 3: CURRENT HEALTH

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

SECTION 3J

ADMINISTRATOR: 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

ADMINISTRATOR: 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*)

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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):

ADMINISTRATOR: ASK OF EVERYONE

- J4. Do you have healthcare coverage (*for example, employer-provided health insurance, Medicaid*)?
Yes
No

ADMINISTRATOR: 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

ADMINISTRATOR: ASK OF EVERYONE

Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
K1. Eaten a generally healthy diet. (<i>for example, low fat, limited sugar, adequate servings of fruits and vegetables</i>)	1	2	3	4	5

Participant ID#

Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
K2. Gotten at least 2 hours and 30 minutes of moderate physical activity OR 1 hour and 15 minutes of vigorous activity each week.	1	2	3	4	5
K3. Done muscle strengthening exercises at least two days per week.	1	2	3	4	5
K4. Gotten quality sleep.	1	2	3	4	5
K5. Had sexual intercourse without a condom with more than one person or with a person you did not know.	1	2	3	4	5
K6. Used tobacco and/or nicotine products. <i>(for example, cigarettes, cigars, vape)</i>	1	2	3	4	5
K7. Used alcohol in a way that put your health at risk. <i>(for example, blacking out, driving drunk)</i>	1	2	3	4	5
K8. Used drugs (including prescription drugs) in a way that put your health at risk. <i>(for example, losing memory or consciousness, driving under the influence)</i>	1	2	3	4	5
K9. Completed recommended medical care. <i>(for example, physical exams)</i>	1	2	3	4	5
K10. Maintained personal cleanliness. <i>(for example, personal care, household chores)</i>	1	2	3	4	5
K11. Spent time doing things that you enjoy.	1	2	3	4	5
K12. Spent time doing things that you find personally meaningful.	1	2	3	4	5

SECTION 3L**ADMINISTRATOR: ASK OF EVERYONE**

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
L1. Your physical health.	1	2	3	4	5
L2. Your emotional/mental health.	1	2	3	4	5
L3. Your health care.	1	2	3	4	5

SECTION 4: SOCIAL RELATIONSHIPS

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

SECTION 4M**ADMINISTRATOR: 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

ADMINISTRATOR: 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

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

Participant ID#

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

ADMINISTRATOR: 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

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

Over the last 3 months, how often have you done the following in your romantic relationship:	Never	Rarely	Sometimes	Often	Most or all of the time
N1. Provided your significant other with the emotional support they sought.	1	2	3	4	5
N2. Shared your intimate thoughts and feelings.	1	2	3	4	5
N3. Done your fair share of day-to-day tasks. (for example, grocery shopping, errands, planning activities)	1	2	3	4	5
N4. Initiated leisure time activities that both you and your significant other enjoy.	1	2	3	4	5
N5. Made effort to work through disagreements respectfully.	1	2	3	4	5
N6. Expressed interest and/or willingness to engage in regular sexual or physical intimacy.	1	2	3	4	5

SECTION 4O

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

Participant ID#

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:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
O1. Emotional closeness. <i>(for example, sharing personal thoughts and feelings)</i>	1	2	3	4	5
O2. Companionship. <i>(for example, doing enjoyable activities together)</i>	1	2	3	4	5
O3. Sexual and physical intimacy. <i>(for example, holding hands or having sex)</i>	1	2	3	4	5
O4. Intellectual connection. <i>(for example, having many things to talk about)</i>	1	2	3	4	5
O5. Security. <i>(for example, being able to trust and depend on partner)</i>	1	2	3	4	5
O6. Division of day-to-day tasks. <i>(for example, your partner's contribution to chores and planning activities)</i>	1	2	3	4	5

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

ADMINISTRATOR: 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

ADMINISTRATOR: 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.

	Number of Children
Under 5 years old	
Age 5 through 12 years old	
Age 13 through 17 years old	
Age 18 through 26	
27 years +	

ADMINISTRATOR: 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

ADMINISTRATOR: 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.

Participant ID#

All parents have strengths and weaknesses. Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
Q1. Provided a healthy environment for your child(ren). <i>(for example, preparing healthy meals, caring for their health, keeping them safe)</i>	1	2	3	4	5
Q2. Been a good example for your child(ren). <i>(for example, being respectful during disagreements with others, taking good care of your own health)</i>	1	2	3	4	5
Q3. Been actively involved in your child(ren)'s activities. <i>(for example, regularly attending sporting and school events, giving your full attention during time together)</i>	1	2	3	4	5
Q4. Met your child(ren)'s needs for physical affection and emotional support. <i>(for example, giving them hugs, being sympathetic to their problems)</i>	1	2	3	4	5
Q5. Been able to successfully manage your child(ren)'s unique challenges. <i>(for example, effectively disciplining children)</i>	1	2	3	4	5

SECTION 4R

ADMINISTRATOR: 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.

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:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
R1. How close you are with your child(ren).	1	2	3	4	5
R2. How much enjoyment you get from parenting.	1	2	3	4	5
R3. How your child(ren) are doing in life.	1	2	3	4	5

SECTION 4S

ADMINISTRATOR: 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.

Over the last 3 months, have you <u>regularly</u> done the following:	No	Yes
S1. Participated in a religious or spiritual community.	0	1
S2. Volunteered for a charity, political group, or other local organization. <i>(for example, a service organization, a political campaign)</i>	0	1
S3. Participated in a community group that shares similar hobbies. <i>(for example, a sports team, a book club)</i>	0	1
S4. Participated in a community group with shared background characteristics. <i>(for example, a Veterans organization, mom's group)</i>	0	1

Participant ID#

Over the last 3 months, have you regularly done the following:	No	Yes
S5. Attended broader community social events. <i>(for example, town road race, music festival)</i>	0	1
S6. Spent time with relatives other than your significant other or children. <i>(for example, getting together, catching up by telephone or email)</i>	0	1
S7. Spent time with close friends. <i>(for example, getting together, catching up by telephone or email)</i>	0	1

SECTION 4T

ADMINISTRATOR: ASK OF EVERYONE

Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
T1. Gotten along well with members of your community.	1	2	3	4	5
T2. Followed the rules and expectations of your community. <i>(for example, driving the speed limit, being quiet in the evening and early morning hours)</i>	1	2	3	4	5
T3. Helped out with your community's needs. <i>(for example, assisting neighbors in need, volunteering for community projects)</i>	1	2	3	4	5
T4. Provided support or help to friends when needed.	1	2	3	4	5
T5. Been available when friends wanted to spend time together.	1	2	3	4	5

Participant ID#

Over the last 3 months, how often have you:	Never	Rarely	Sometimes	Often	Most or all of the time
T6. Gotten along well with friends.	1	2	3	4	5
T7. Provided support or help to relatives other than your significant other or children when needed.	1	2	3	4	5
T8. Been available when relatives other than your significant other or children wanted to spend time together.	1	2	3	4	5
T9. Gotten along well with relatives other than your significant other or children.	1	2	3	4	5

SECTION 4U

ADMINISTRATOR: ASK OF EVERYONE

Over the last 3 months, how satisfied have you been with:	Very dissatisfied	Somewhat dissatisfied	Neither satisfied nor dissatisfied	Somewhat satisfied	Very satisfied
U1. The area where you live. <i>(for example, available resources, safety)</i>	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

Participant ID#

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