

National Institutes of Health Employee Assistance Program

Emotional Wellness Screening

Thank you for participating in the Emotional Wellness Screening at NIH, sponsored by the NIH Employee Assistance Program (EAP). The screening tool on the reverse of this page contains a set of standardized questions to help you determine if you are experiencing symptoms of anxiety, depression, and/or excess alcohol use. Please read this page in its entirety prior to completing the questionnaire to ensure your understanding of the screening and the consultation process that follows.

Please note that the screening is not meant to serve as a clinical evaluation and is not designed to diagnose any health condition. Rather, its aim is to help you identify symptoms that may warrant further examination by a health professional such as an EAP Consultant or your doctor.

In order to obtain maximum benefit from the screening, please answer all questions on the reverse of this page as honestly as you can. Be assured that your screening results will remain confidential and your identity anonymous throughout the screening and consultation process.

We understand that revealing personal information can be difficult and commend your courage in doing so. It is a true sign of strength to candidly assess your emotional wellness and seek appropriate support if needed. While a certain amount of life stress is normal, and even productive, it is important to acknowledge more intense concerns that could be indicative of an emotional or behavioral health issue.

Following the completion of the screening questions, plan to discuss the results with an EAP Consultant either at an onsite screening event or at the EAP main office in Building 31 of the main NIH campus. If you take the form to complete it on your own, be sure to contact our office to schedule a brief in-person consultation to review the results. Please be advised that we are unable to review screening results with you by telephone, email or other electronic means. You are not obligated to reveal your identity in order to consult with EAP about your screening. Please refer to the above screening batch number when discussing the results with an EAP Consultant.

About NIH EAP: The EAP office at NIH provides support, strategies and resources to assist with personal or professional concerns that impact productivity and well-being. EAP services are available, at no cost, to all members of the NIH workforce and their immediate family members. EAP consultants are licensed mental health professionals who work with you to assess a situation, explore problem-solving alternatives and develop a plan to implement such options. The EAP is a confidential service.

You are now ready to proceed to the questions on the reverse of this page.



**National Institutes of Health EAP
Building 31, Room B2B57
301-496-3164**

www.ors.od.nih.gov/sr/dohs/eap



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<i>For items 1-16: Over the last 2 weeks, how often have you been bothered by any of the following problems?</i>	Not at all	Several days	More than half the days	Nearly every day	
1. Feeling nervous, anxious, or on edge	0	1	2	3	
2. Not being able to stop or control worrying	0	1	2	3	
3. Worrying too much about different things	0	1	2	3	
4. Trouble relaxing	0	1	2	3	
5. Being so restless that it's hard to sit still	0	1	2	3	
6. Becoming easily annoyed or irritable	0	1	2	3	
7. Feeling afraid as if something awful might happen	0	1	2	3	
TOTAL SCORE ITEMS 1-7:					
8. Little interest or pleasure in doing things	0	1	2	3	
9. Feeling down, depressed, or hopeless	0	1	2	3	
10. Trouble falling or staying asleep, or sleeping too much	0	1	2	3	
11. Feeling tired or having little energy	0	1	2	3	
12. Poor appetite or overeating	0	1	2	3	
13. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3	
14. Trouble concentrating on things, such as reading the newspaper or watching TV	0	1	2	3	
15. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3	
16. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3	
TOTAL SCORE ITEMS 8-16:					
<i>For items 17-19: Please circle the answer that is correct for you. Score your answers with the numbers to the right.</i>	0	1	2	3	4
17. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times/month	2-3 times/week	4 or more times/week
18. How many drinks containing alcohol do you have on a typical day of drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10+
19. How often do you have 5 (for men under age 65) / 4 (for women, and men over age 65) or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
TOTAL SCORE ITEMS 17-19:					

To confidentially review your results with a health professional, contact:

National institutes of Health EAP

301-496-3164



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