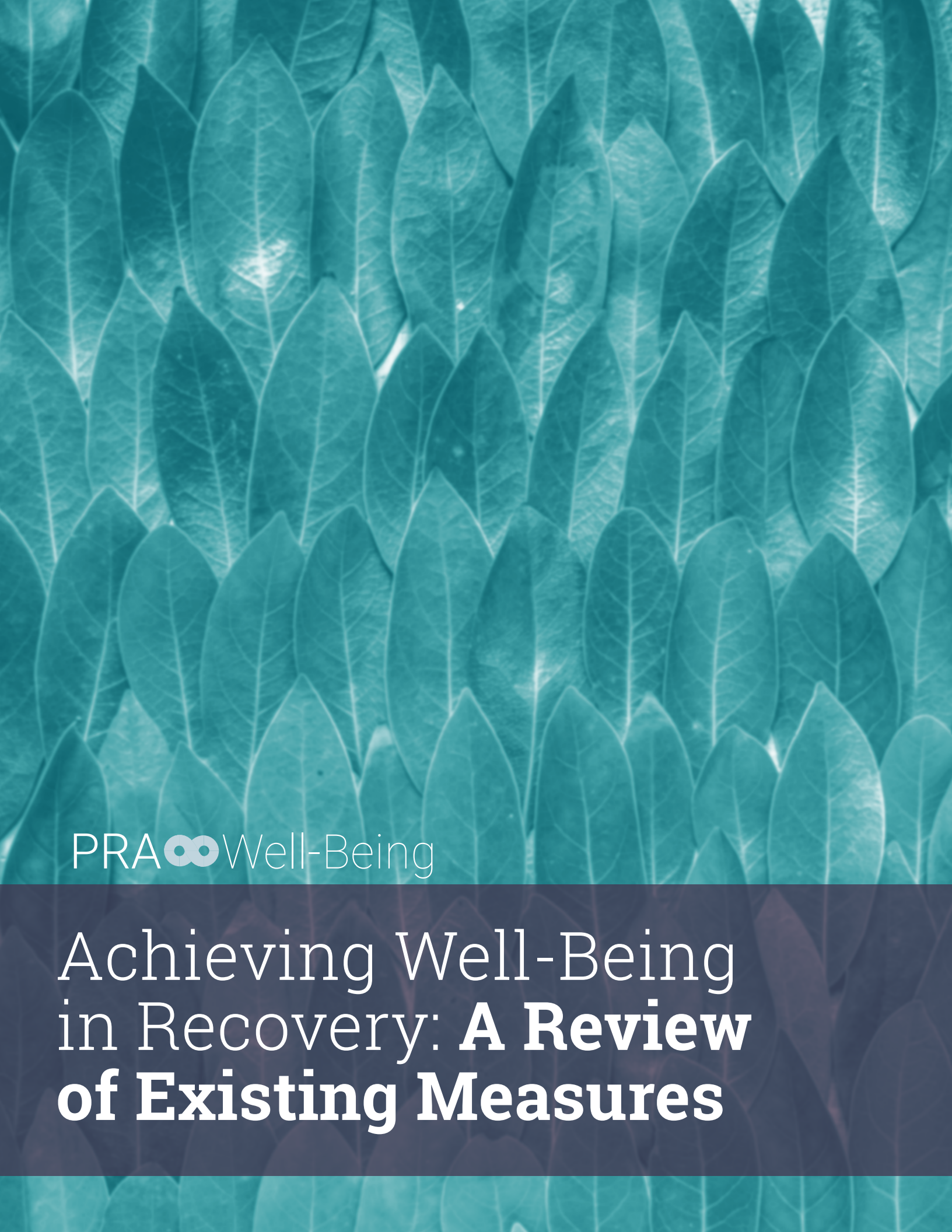

PRA Well-Being

Achieving Well-Being in Recovery: **A Review of Existing Measures**

Contents

Acknowledgments

This compendium was authored by Sue Bergeson, Recovery, Resiliency, Engagement and Activation Partners, LLC; Crystal L. Brandow, PhD, Policy Research Associates, Inc.; Clarencetine (Teena) Brooks, LMSW, Office of Consumer Affairs NYC; and Ron Manderscheid, PhD, National Association of County Behavioral Health and Developmental Disability Directors.

Disclaimer

The listing of resources is not all-inclusive, and inclusion on the listing does not constitute endorsement by Policy Research Associates, Inc.

Suggested Citation

Policy Research Associates, Inc. (2019). *Achieving Well-Being in Recovery: A Review of Existing Measures*. Delmar, NY: Author.

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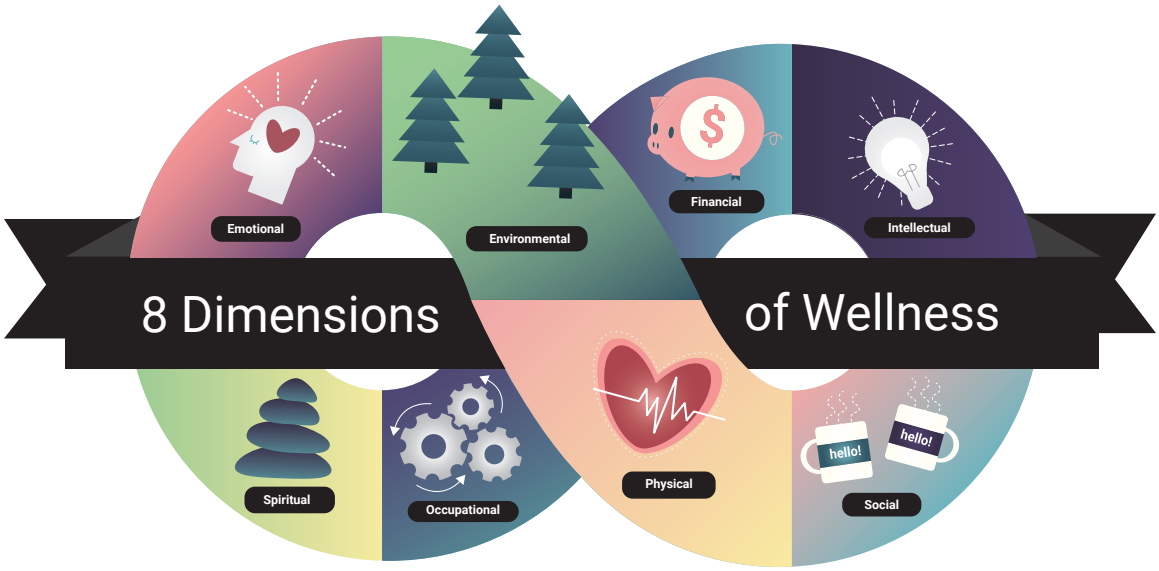
Background

In 2013, the Substance Abuse and Mental Health Services Administration's (SAMHSA's) Wellness Initiative's Research and Evaluation Subcommittee made recommendations to SAMHSA on data and evaluation. One of the observations made was that a central repository for wellness and well-being outcome measurement tools must be created to facilitate understanding and use of these tools by persons with little or no training in methodology and measurement, including benchmarks against which local results can be compared. In 2016, the Research and Evaluation Working Group of SAMHSA's Program to Achieve Wellness reiterated this observation. Subsequently, Policy Research Associates, Inc. convened national experts in 2018 to help fill this gap in the field, and to create a compendium of tools for measuring wellness and well-being. The experts compiled this review of available measures for dissemination to the field. The hope is that this compendium brings the field one step closer to the repository recommended in 2013, which would be a national database allowing for data use.

The format of this compendium was inspired by the Australian Mental Health Outcomes and Classification Network *Review of Recovery Measures* (February 2010).[1]

Definitions

According to Dr. Margaret (Peggy) Swarbrick, creator of the Eight Dimensions of Wellness, "**wellness** is a conscious, deliberate process that requires being aware of and making choices for a more satisfying lifestyle."[2]



According to the World Health Organization (WHO) constitution, "**health** is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."[3]

There is no consensus around a single definition of well-being. At a minimum, the Centers for Disease Control and Prevention (CDC) note that "**well-being** includes the presence

of positive emotions and moods, absence of negative emotions, satisfaction with life, fulfillment, and positive functioning."[4]

As described below, dimensions of wellness, health, and well-being are explored in this compendium.

Aims

The aims of this compendium are to identify instruments that measure various dimensions of wellness and well-being for individuals with mental health conditions. While a gold standard instrument does not exist as of the creation of this tool, Policy Research Associates, Inc. is confident such an instrument is on the horizon. There is an increasing interest in health and well-being in the behavioral health community, and it is only a matter of time until an instrument designed specifically to measure the well-being outcomes for individuals with mental health conditions is developed and tested. In the meantime, this tool provides a snapshot of existing instruments that measure various domains of wellness and well-being, as well as health where it intersects with these domains.

To better serve the field, an emphasis on non-proprietary, public access instruments exists in this resource. In addition, a section on using public use data for benchmarking is included to allow providers and organizations to make the most of their local, community data.

How to Use this Compendium

This document is designed to help those working with individuals with mental health conditions access tools that measure wellness and/or well-being in order to assess for improvements after participation in a program, intervention, or other treatment. It is important to note that these quantitative tools are helpful for documenting the impact of services designed to improve wellness and/or well-being for individuals with mental health conditions and collecting qualitative data is also valuable. Qualitative data collection can enhance the use of instruments like the ones identified, adding depth and breadth to the full scope of changes in wellness/well-being among individuals with mental health conditions. Qualitative research can include methods like focus groups, interviews, and observations.

When selecting the appropriate instrument, it is important to ensure the instrument will provide the information you are seeking to obtain. It is also essential to make sure the instrument used is culturally relevant to the individuals you serve. One way to do this is to start a cultural conversation, guided by Cultural Activation Prompts (CAPs). Learn more about Cultural Activation of Consumers.

Identified Instruments Addressing Wellness and Well-Being

Please note: Some descriptions were taken directly from the original sources or referenced resources to ensure accuracy, while others were adapted for the purposes of this document.

Instrument	Date	Country	Description
Behavioral Risk Factor Surveillance System (BRFSS) Questionnaires	BRFSS established in 1984; questionnaires are updated annually	United States	The BRFSS questionnaire is designed by a working group of BRFSS state coordinators and CDC staff. The questionnaire includes questions related to health status, healthy days, health care access, sleep, chronic health conditions, tobacco use, demographics, and other areas.[5] *Note: Not all BRFSS questions are relevant to health and wellness.*
Gallup-Sharecare Well-Being Index™	2008	United States	The Gallup-Sharecare Well-Being Index is an ongoing measurement of well-being, with more than 2.5 million surveys fielded to date. The Index assesses well-being across five elements: 1) Purpose: liking what you do each day and being motivated to achieve your goals; 2) Social: having supportive relationships and love in your life; 3) Financial: managing your economic life to reduce stress and increase security; 4) Community: liking where you live, feeling safe, and having pride in your community; and 5) Physical: having good health and enough energy to get things done daily. *Note: The Gallup-Sharecare Well-Being Index™ was previously known as the Gallup-Healthways Well-Being Index; it was rebranded following Sharecare's 2016 acquisition of Healthways.*[6]
General Well-Being Schedule (GWB)	1977	United States	The GWB Schedule focuses on one's subjective feelings of psychological well-being and distress, one's inner personal state. It includes 8 items asking about life satisfaction and level of psychological distress. There are 6 subscales measuring anxiety, depression, positive well-being, self-control, vitality, and general health.[7,8]

Instrument	Date	Country	Description
Health-Related Quality of Life (HRQOL)	1993	United States	HRQOL is a subjective and multidimensional concept that includes aspects of physical, mental, and social health. The CDC HRQOL-14 measures healthy days, activity limitations, and symptoms.[9]
Maryland Assessment of Recovery in People with Serious Mental Illness (MARS)	2015	United States	The MARS, a 25-item self-report instrument that measures recovery of people with serious mental illness, is in the public domain.[10] The short form MARS-12 includes 12 items, a list of statements about attitudes and beliefs about health and wellness with Likert-type scales.[11]
Mental Health Continuum Short Form	2009	United States	The Mental Health Continuum Short Form measures emotional, social, and psychological well-being by assessing the frequency with which respondents experience each symptom of positive mental health. This scale also provides a flourishing mental health indicator based on these three subscales. It includes a total of 14 items: 3 items for emotional well-being, 5 items for social well-being, and 6 items for psychological well-being.[12,13]
Patient Activation Measure© (PAM)	2004	United States	The PAM is a 22- or 13-item measure that can be used by providers to assess an individual's knowledge, skill, and confidence for managing one's health and healthcare. The PAM is based on four different levels of activation-motivators, attitudes, behaviors and outcomes. This instrument can be mapped to hundreds of consumer health characteristics for dozens of health conditions.
PROMIS (Patient-Reported Outcomes Measurement Information System)	2004	United States	PROMIS a set of person-centered measures that evaluates and monitors physical, mental, and social health in adults and children. It can be used with the general population and with individuals living with chronic conditions. PROMIS developed self-report measures for adults for functions, symptoms, behaviors, and feelings.[14]

Instrument	Date	Country	Description
Recovery Oriented Systems Indicators Measure (ROSI)	2005	United States	The ROSI consumer self-report survey and administrative profile are designed to assess the recovery orientation of community mental health systems for adults with serious and prolonged psychiatric disorders. The ROSI is developed from and grounded in the lived experiences of adults with serious and prolonged psychiatric disorders.[15]
Quality of Life Index© (QLI) Generic Version III	1984	United States	The QLI was developed by Carol Estwing Ferrans and Marjorie Powers to measure quality of life in terms of satisfaction with life. The QLI measures both satisfaction and importance regarding various aspects of life.[16]
The Quality of Life Scale (QOLS)	1978	United States	The Quality of Life Scale is a 16-item instrument designed to measure six conceptual domains of quality of life: material and physical well-being, relationships with other people, social, community and civic activities, personal development and fulfillment, recreation, and independence. The QOLS is usually self-administered either by completing the questionnaire in a clinic setting or by mail. It can also be completed by interview format. The QOLS can be completed in about 5 minutes.
Quality of Life Scale (CASP-19)	2003	United Kingdom	The CASP-19 uses four domains (i.e., control, autonomy, pleasure and self-realization) to assess the quality of life in individuals in early old age. This scale contains 19 items, including 6 items for control, 5 items for autonomy, 4 items for pleasure and 4 items for self-realization.[17,18]

Instrument	Date	Country	Description
The Quality of Well-being Scale (QWB)	1996	United States	The Quality of Well-being Scale (QWB) is a general measure of health status and overall well-being over the previous three days in four domains: mobility, physical activities, social activities, and symptom/problem complexes. The scale can be self-administered (QWB-SA) or administered by a trained interviewer.[19]
WHO Disability Assessment Schedule 2.0 (WHODAS 2.0)	1998	International Collaboration	WHO DAS 2.0 is a short, generic assessment instrument for health and disability. It takes 5 to 20 minutes to administer depending on whether the 12-item or 36-item version is used. WHO DAS 2.0 covers six domains, including cognition, mobility, self-care, getting along, life activity, and participation.[20]

Sample Research Articles

Instrument	Article
Behavioral Risk Factor Surveillance System (BRFSS) Questionnaires	Pierannunzi, C., Hu, S. S., & Balluz, L. (2013). A systematic review of publications assessing reliability and validity of the Behavioral Risk Factor Surveillance System (BRFSS), 2004–2011. *BMC Medical Research Methodology, 13*(1), 49. doi: 10.1186/1471-2288-13-49
Gallup-Sharecare Well-Being Index™	Roy, B., Riley, C., Herrin, J., Spatz, E. S., Arora, A., Kell, K. P., Welsh, J., Rula, E. Y., & Krumholz, H. M. (2018). Identifying county characteristics associated with resident well-being: A population based study. *PLoS ONE, 13*(5). doi: 10.1371/journal.pone.0196720
General Well-Being Schedule (GWB)	Yanek, L. R., Kral, B. G., Moy, T. F., Vaidya, D., Lazo, M., Becker, L. C., & Becker, D.M. (2013). Effect of positive well-being on incidence of symptomatic coronary artery disease. *American Journal of Cardiology, 112*(8), 1120-1125. doi: 10.1016/j.amjcard.2013.05.055
Health-Related Quality of Life (HRQOL)	Jia, H., Zack, M. M., & Thompson, W. W. (2016). Population-based estimates of decreases in quality-adjusted life expectancy associated with unhealthy body mass index. *Public Health Reports, 131*(1), 177-184. doi: 10.1177/003335491613100125
Maryland Assessment of Recovery in People with Serious Mental Illness (MARS)	McCredie, M. N., Quinn, C. A., & Covington, M. (2017). Maryland Assessment of Recovery in Serious Mental Illness: Psychometrics and clinical utility in adolescents. *Adolescent Psychiatry, 7*(3), 157-169. doi: 10.2174/2210676608666180112124058 *Note: The authors did not discover research pertaining to the MARS-12; this study applies the MARS.*
Mental Health Continuum Short Form	Fredrickson, B. L., Grewen, K. M., Algoe, S. B., Firestine, A. M., Arevalo, J. M., Ma, J., & Cole, S. W. (2016). Psychological well-being and the human conserved transcriptional response to adversity. *PLoS One, 10*(3), e0121839. doi: 10.1371/journal.pone.0121839
Patient Activation Measure© (PAM)	Hibbard, J. H., Stockard, J., Mahoney, E. R., & Tusler, M. (2004). Development of the Patient Activation Measure (PAM): Conceptualizing and measuring activation in patients and consumers. *Health Services Research, 39*(4 Pt 1), 1005-1026. doi: 10.1111/j.1475-6773.2004.00269.x
PROMIS (Patient-Reported Outcomes Measurement Information System)	Hays, R. D., Spritzer, K. L., Schalet, B. D., & Cella, D. (2018). PROMIS®-29 V2.0 Profile Physical and Mental Health Summary Scores. *Quality of Life Research. 27*(7), 1885-1891. doi: 10.1007/s11136-018-1842-3

Instrument	Article
Recovery Oriented Systems Indicators Measure (ROSI)	Onken, S. J., Dumont, J. M., Ridgway, P., Dornan, D. H., & Ralph, R. O. (2002, October). Mental health recovery: What helps and what hinders? A national research project for the development of recovery facilitating system performance indicators. Phase one research report: A national study of consumer perspectives on what helps and hinders mental health recovery. Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.
Quality of Life Index© Generic Version III	Atkinson, M., Zibin, S., & Chuang, H. (1997). Characterizing quality of life among patients with chronic mental illness: A critical examination of the self-report methodology. *The American Journal of Psychiatry, 154*(1), 99-105. doi: 10.1176/ajp.154.1.99
The Quality of Life Scale (QOLS)	Burckhardt, C. S., Woods, S. L., Schultz, A. A., & Ziebarth, D. M. (1989). Quality of life of adults with chronic illness: A psychometric study. *Research in Nursing & Health, 12*, 347-354. doi: 10.1002/nur.4770120604
Quality of Life Scale (CASP-19)	Okely, J. A., & Gale, C. R. (2016). Well-being and chronic disease incidence: The English Longitudinal Study of Ageing. *Psychosomatic Medicine, 78*(3), 335-344. doi: 10.1097/PSY.0000000000000279
The Quality of Well-being Scale (QWB)	Pyne, J. M., Sieber, W. J., David, K., Kaplan, R. M., Rapaport, M. H., & Williams, D. K. (2003). Use of the Quality of Well-Being – Self-Administered version (QWB-SA) in assessing health-related quality of life in depressed patients. *Journal of Affective Disorders, 76*, 237-247. doi: 10.1016/S0165-0327(03)00106-X
WHO Disability Assessment Schedule 2.0 (WHODAS 2.0)	Kulnik, S. T., & Nikoletou, D. (2013). WHODAS 2.0 in community rehabilitation: A qualitative investigation into the validity of a generic patient-reported measure of disability. *Disability and Rehabilitation, 36*(2), 146-154. doi: 10.3109/09638288.2013.782360

Psychometric Properties of Identified Instruments

Instrument	Psychometric Properties Examined	Source/Citation	Notes
Behavioral Risk Factor Surveillance System (BRFSS) Questionnaires	Reliability, Validity	Kobau, R., Bann, C., Lewis, M., Zack, M. M., Boardman, A. M., Boyd, R., Lim, K. C., Holder, T., Hoff, A. K. L., Luncheon, C., Thompson, W., Horner-Johnson, W., & Lucas, R. E. (2013). Mental, social, and physical well-being in New Hampshire, Oregon, and Washington, 2010 Behavioral Risk Factor Surveillance System: Implications for public health research and practice related to Healthy People 2020 foundation health measures on well-being. *Population Health Metrics, 11*(1). doi: 10.1186/1478-7954-11-19	The BRFSS assesses mental well-being through the Satisfaction with Life Scale, global life satisfaction and domain-specific life satisfaction, and global happiness. Reliability and validity information was only provided for the Satisfaction with Life Scale.
Gallup-Sharecare Well-Being Index™	Reliability, Validity	Gallup, Inc. (2009). Gallup-Sharecare Well-Being™ Index: Methodology report for indexes. Retrieved from https://news.gallup.com/poll/195539/gallup-healthwaysindex-methodology-report-indexes.aspx Evers, K. E., Prochaska, J. O., Castle, P. H., Johnson, J. L., Prochaska, J. M., Harrison, P. L., Rula, E. Y., Coberley, C. & Pope, J. E. (2012). Development of an individual well-being scores assessment. *Psychology of Well-Being: Theory, Research and Practice, 2*(1), 2. doi: 10.1186/2211-1522-2-2	The second, newer citation describes the development and validation of an individual-level well-being assessment and scoring method adapted from the population-based Gallup-Healthways Well-Being Index.

Instrument	Psychometric Properties Examined	Source/Citation	Notes
General Well-Being Schedule (GWB)	Internal Consistency, Reliability, Validity	Fazio, A. F. (1977). *A Concurrent Validational Study of The NCHS General Well-Being Schedule.* Hyattsville, MD: US Department of Health, Education, and Welfare, National Center for Health Statistics. (Vital & Health Statistics, Series 2, No. 73, DHEW Publication No. [HRA] 78-1347). Taylor, J., Carlos W. S., Poston II, C. Haddock, K., Blackburn, G. L., Heber, D., Heymsfield, S. B., & Foreyt, J. P. (2003). Psychometric characteristics of the General Well-Being Schedule (GWB) with African-American women. *Quality of Life Research, 12*(1), 31-39. Retrieved from http://www.jstor.org/stable/4037590	The first, older citation provides only validity information for the GWB. The second citation provides internal consistency, reliability, and validity information.
Health-Related Quality of Life (HRQOL)	Reliability, Validity	Andresen, E. M., Catlin, T. K., Wyrwich, K. W., & Jackson-Thompson, J. (2003). Retest reliability of surveillance questions on health related quality of life. *Journal of Epidemiology and Community Health, 57*(5), 339–343. doi: 10.1136/jech.57.5.339 Newschaffer, C. J. (1998). *Validation of Behavioral Risk Factor Surveillance System (BRFSS) HRQOL measures in a statewide sample.* Atlanta: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion.	There is overlap with BRFSS, as these items appeared to be used in the BRFSS questionnaires.

Instrument	Psychometric Properties Examined	Source/Citation	Notes
Maryland Assessment of Recovery in People with Serious Mental Illness (MARS)	Internal Consistency, Reliability, Validity	Drapalski, A. L., Medoff, D., Dixon, L., & Bellack, A. (2016). The reliability and validity of the Maryland Assessment of Recovery in Serious Mental Illness Scale. *Psychiatry Research, 239*, 259–264. doi: 10.1016/j.psychres.2016.03.031	This study relates to the full 25-item MARS. According to Optum, unpublished psychometric analysis of the short form MARS -12 was conducted by Deborah Medoff, Ph.D. Psychiatry Department, University of Maryland School of Medicine and is available upon request.[21]
Mental Health Continuum Short Form	Internal Consistency, Validity	Guo, C., Tomson, G., Guo, J.Z., Li, X.Y., Keller, C., & Söderqvist, F. (2015). Psychometric evaluation of the mental health continuum-short form (MHC-SF) in Chinese adolescents - a methodological study. *Health and Quality of Life Outcomes, 13*, 198. doi: 10.1186/s12955-015-0394-2	N/A
Patient Activation Measure© (PAM)	Internal Consistency, Reliability, Validity	Green, A. L., Lambert, M. C. & Hurley, K. D. (2018). Measuring activation in parents of youth with emotional and behavioral disorders. *The Journal of Behavioral Health Services & Research*. doi: 10.1007/s11414-018-9627-6	Multiple citations among different populations can be found on the Insignia Health webpage.

Instrument	Psychometric Properties Examined	Source/Citation	Notes
PROMIS (Patient-Reported Outcomes Measurement Information System)	Reliability, Validity	Cella, D., Riley, W., Stone, A., Rothrock, N., Reeve, B., Yount, S., Amtmann, D., Bode, R., Buysse, D., Choi, S., Cook, K., DeVellis, R., DeWalt, D., Fries, J. F., Gershon, R., Hahn, E. A., Lai, J., Pilkonis, P., Revicki, D., Rose, M. Weinfurt, K., & Hays, R. (2010). The Patient-Reported Outcomes Measurement Information System (PROMIS) developed and tested its first wave of adult self-reported health outcome item banks: 2005–2008. *Journal of Clinical Epidemiology, 63*, 1179-1194. doi: 10.1016/j.jclinepi.2010.04.011. Epub 2010 Aug 4.	More validity information can be found on the HealthMeasures webpage.
Quality of Life Index© Generic Version III	Internal Consistency, Reliability, Validity	Ferrans, C. E., & Powers, M. J. (1992). Psychometric assessment of the Quality of Life Index. *Research in Nursing & Health, 15*(1), 29-38. doi: 10.1002/nur.4770150106	N/A
The Quality of Life Scale (QOLS)	Internal Consistency, Reliability, Validity	Burckhardt, C. S., & Anderson, K. L. (2003). The Quality of Life Scale (QOLS): Reliability, validity, and utilization. *Health and Quality of Life Outcomes, 1*, 60. doi: 10.1186/1477-7525-1-60	N/A
Quality of Life Scale (CASP-19)	Validity	Sexton, E., King-Kallimanis, B.L., Conroy, R. M., & Hickey, A. (2013). Psychometric evaluation of the CASP-19 quality of life scale in an older Irish cohort. *Quality of Life Research, 22*(9), 2549-2559. doi: 10.1007/s11136-013-0388-7	N/A

Instrument	Psychometric Properties Examined	Source/Citation	Notes
The Quality of Well-being Scale (QWB)	Reliability, Validity	Kaplan, R. M., Sieber, W. J., & Ganiats, T. G. (1997). The Quality of Well-Being Scale: comparison of the interviewer-administered version with a self-administered questionnaire. *Psychology & Health, 12*(6), 783–791. doi: 10.1080/08870449708406739	This citation examines the reliability and validity of the self-administered QWB.
Recovery Oriented Systems Indicators Measure (ROSI)	Internal consistency	Dumont, J. M., Ridgway, P. A., Onken, S. J., Dornan, D. H., Ralph, R. O. (2006, March). Mental health recovery: What helps and what hinders? A national research project for the development of recovery facilitating system performance indicators. Phase II technical report: Development of the Recovery Oriented System Indicators (ROSI) to advance mental health system transformation. Alexandria, VA: National Technical Assistance Center for State Mental Health Planning.	This citation references psychometric work that will be performed in Phase III (reliability and validity).
WHO Disability Assessment Schedule 2.0 (WHODAS 2.0)	Validity	N/A	No specific citation, but factor analysis can be found on the WHO webpage.

Public Use Data for Benchmarking

There are a number of public use data sources that providers and organizations can use for benchmarking. Benchmarking allows providers and organizations to see how their outcomes and strategies compare to other data available for communities, states, and regions. This can be part of performance management and continuous quality improvement processes.

Data and benchmarking resources include (descriptions from source webpages):

500 Cities Project: The purpose of the 500 Cities Project is to provide city- and census tract-level small area estimates for chronic disease risk factors, health outcomes, and clinical preventive service use for the largest 500 cities in the United States.

City Health Dashboard: The City Health Dashboard launched in early 2017 with 26 measures for four pilot cities: Flint, Michigan, Kansas City, Kansas, Providence, Rhode Island, and Waco, Texas. With support from the Robert Wood Johnson Foundation, the City Health Dashboard has expanded to offer data on 37 measures for the 500 largest U.S. cities - those with populations of about 66,000 or more – representing approximately one-third of the U.S. population. Equipped with these data, local leaders have a clearer picture of the challenges facing their communities and how to address them.

Community Commons: Community Commons is a place where data, tools, and stories come together to inspire change and improve communities. They provide public access to thousands of meaningful data layers that allow mapping and reporting capabilities so you can thoroughly explore community health.

County Health Rankings and Roadmaps: The annual Rankings provide a revealing snapshot of how health is influenced by where we live, learn, work and play. They provide a starting point for change in communities.

data.HRSA.gov: The data.HRSA.gov website (previously known as the HRSA Data Warehouse) provides maps, data, reports, and dashboards to the public about HRSA's health care programs. The data integrates with external sources, such as the U.S. Census Bureau, providing information about HRSA's grants, loan and scholarship programs, health centers, and other public health programs and services.

Healthy People: Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For 3 decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities.

For additional information on using public use data for wellness program planning, download Completing a Wellness Needs Assessment with Existing Data from the Substance Abuse and Mental Health Services Administration.

For More Information

To explore opportunities for collaboration with subject-matter experts on your assessment and evaluation efforts, please contact PRA at wellbeing@prainc.com.

Endnotes

1 Australian Mental Health Outcomes and Classification Network. (2010). *Review of recovery measures.* Retrieved from https://www.amhocn.org/publications/review-recovery-measures

2 Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal, 29*(4), 311- 314.

3 World Health Organization. (2018). About WHO. Retrieved from http://www.who.int/about/mission/en/

4 Centers for Disease Control and Prevention. (2016). Well-being concepts. Retrieved from https://www.cdc.gov/hrqol/wellbeing.htm

5 https://www.cdc.gov/brfss/questionnaires/index.htm

6 https://news.gallup.com/poll/146822/gallup-healthways-index-questions.aspx

7 https://books.google.com/books?id=c5k6DwAAQBAJ&lpg=PR9&dq=Measuring%20health%3A%20a%20guide%20to%20rating%20scales%20and%20questionnaire&lr&pg=PR4#v=onepage&q&f=false

8 https://www.hsph.harvard.edu/health-happiness/repository-of-positive-psychological-well-being-scales/

9 https://www.cdc.gov/hrqol/hrqol14_measure.htm

10 https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201100109

11 https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/rrToolkit/rrMARS.pdf

12 https://www.aacu.org/sites/default/files/MHC-SFEnglish.pdf

13 https://www.hsph.harvard.edu/health-happiness/repository-of-positive-psychological-well-being-scales/

14 http://www.healthmeasures.net/explore-measurement-systems/promis/intro-to-promis

15 https://power2u.org/rosi-recovery-systems-indicators/

16 https://qli.org.uic.edu/questionaires/pdf/genericversionIII/generic.pdf

17 https://www.tandfonline.com/doi/abs/10.1080/1360786031000101157

18 https://www.hsph.harvard.edu/health-happiness/repository-of-positive-psychological-well-being-scales/

19 https://hoap.ucsd.edu/qwb-info/

20 http://www.who.int/classifications/icf/whodasii/en/

21 https://www.providerexpress.com/content/dam/ope-provexpr/us/pdfs/clinResourcesMain/rrToolkit/rrMARS.pdf