Shaman's Reach Inc.

Mental and Physical Health Status Assessment Survey

Current Mental Wellbeing

Thank you for taking our survey. We use the information gathered from these surveys to assess the effects of cannabinoid therapy on your illness as well as your mental and physical wellbeing. All Personal Identifiable Information (PII) from this study will be used only by Shaman's Reach Inc. and will not be shared with anyone outside of Shaman's Reach Inc. and your primary physician without your written permission.

Please rate the following questions on a scale where 0 is 'not at all' and 10 is 'completely'.

Check Mark ✓ the Box that Applies

Questions	0 Not at All	2	3	4	5	6	7	8	9	10 Completely
How satisfied are you with your mental well-being?										
How satisfied are you with your relationships with friends?										
Did you accomplish everything you wanted to get done yesterday?										
Did you have enough energy to get things done yesterday?										
Overall, are you satisfied with how you spent your time yesterday?										
Was yesterday a typical day?										

The Warwick-Edinburg Mental Well-being Scale (WEMWBS)

Below are some statements about feelings and thoughts.
Please Check Mark ✓ each box that best describes your experience of each over the last 2 weeks

Statements	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been feeling interested in other people					
I've had energy to spare					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling good about myself					
I've been feeling close to other people					
I've been feeling confident					
I've been able to make up my own mind about things					
I've been feeling loved					
I've been interested in new things					
I've been feeling cheerful					

Current Physical Wellbeing

Please Check Mark ✓ each box that best describes your experience of each over the last 2 weeks

Ailments	None of the time	Rarely	Some of the time	Often	All of the time
Headache					
Stomach pain					
Back pain					
Other pain					
Feeling depressed					
Irritability or bad temper					
Feeling nervous					
Difficulties in getting to sleep					
Feeling dizzy					
Feeling anxious					

Have the following behaviors ever been part of your lifestyle?

Behaviors	None of the time	Used to but have given this up	Have reduced doing this	Still doing this
Smoking				
Drinking alcohol to excess				
Using illegal drugs				
Being addicted to prescription dugs				
Eating excessively				
Eating too little				
Self Harm				
Inactive lifestyle				

Have you ever chosen to do any of the following as part of your lifestyle?

Behaviors	Never done this	Used to but have given this up	Still do this
Total abstinence from alcohol			
Taking care to follow a healthy diet			
Following a strict exercise or fitness routine			
Avoiding foods that are bad for your health			

Optional Comments

Below please write anything you would like to say.

Full Name: ______________________________ Date: ____________

Last *First* *M.I.*

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