

Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. Notice that higher numbers mean better well-being.

Example: If you have felt cheerful and in good spirits more than half of the time during the last two weeks, put a tick in the box with the number 3 in the upper right corner.

Patient name:	Completion date:	Interview date:				
	All of the time	Most of the time	More than half of the time	Less than half of the time	Som of the time	At no the time
I. I have felt cheerful and in good spirits	5	4	3	2	1	0
2. I have felt calm and relaxed	5	4	3	2	1	0
3. I have felt active and vigorous	5	4	3	2	1	0
1. I woke up feeling fresh and rested	5	4	3	2	1	0
5. My daily life has been filled with things that interest me	5	4	3	2	1	0

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Your score:



# WHO-5 Well-being Index

### Why measure emotional well-being?

Subjective well-being is an important dimension of overall perceived quality of life and in its own right an important outcome of diabetes care. In people with diabetes emotional well-being may be compromised by the burden of living with diabetes and/or life stresses. Depression is common among persons with diabetes, affecting 10-20% of the patient population. Unfortunately the diagnosis of depression is often missed by health care professionals. Using a short questionnaire as the WHO-5 can help to monitor emotional well-being in patients as part of clinical routine and enhance the likelihood of recognizing depression. International clinical guidelines recommend to systematically monitor emotional well-being in patients with diabetes.

### Why the WHO-5?

The WHO-5 Well-being Index is a short, self-administered questionnaire covering 5 positively worded items, related to positive mood (good spirits, relaxation), vitality (being active and waking up fresh and rested), and general interests (being interested in things). It has shown to be a reliable measure of emotional functioning and a good screener for depression. Administering the WHO-5 Well-being Index takes 2-3 minutes and can be integrated in clinical routine, both in primary and secondary care. The measure is freely available in many languages (www.who-5.org)

#### How to use the WHO-5?

It is advised to incorporate the WHO-5 in the annual review, as a measure of emotional well-being, in combination with a diabetes-specific measure of distress, e.g. the PAID (Problem Areas In Diabetes) scale. In addition, the WHO-5 can be applied ad hoc in situations where there is a need for additional information on the patients' mood.

Each of the five items is rated on a 6-point Likert scale from 0 (= not present) to 5 (= constantly present). Scores are summated, with raw score ranging from 0 to 25. Then the scores are transformed to 0-100 by multiplying by 4, with higher scores meaning better well-being.

Evidence suggests, a score of 50 or below is indicative for low mood, though not necessarily depression. A score of 28 or below indicates likely depression and warrants further assessment (diagnostic interview) to confirm depression.

In order to monitor possible changes in well-being, a 10% difference can be regarded as a significant change.

## Feeding back WHO-5 outcome

Feeding back the WHO-score to patients can help to validate the importance of well-being in the process of diabetes self-management and address psychological issues.

The aim of discussing the score is not diagnose, but to feed back and discuss the information in constructive, non-judgemental manner. The patient is invited to comment on the finding and reflect on the need of help.

Frank Snoek, March 3, 2006 for DAWN/Novo Nordisk