

Well-Being Screening Tool (WeBeST)

Name: _____ DOB: ____/____/____

Sex: M F

Examiner: _____ Date: ____/____/____

School/Teacher: _____

Directions: Examiner reads aloud.

Everybody has different feelings and our feelings change all the time. I am going to read some things to you that you may feel or not feel. When I read the feeling to you, ask yourself “Do I feel like this most days?” I’m not asking you how you feel right now. I’m asking how you feel most days. You may not feel like this, you may kind of feel like this, or you may feel like this a lot. Remember, there are no right or wrong answers. Everyone’s feelings are okay.

Trial 1

Let’s practice: “I like candy.” Ask yourself, “Do I feel like this?” No, kind of, or yes. Remember, it’s how you feel most days / it’s how you usually feel.

No means that most days you don’t like candy, so you would make a mark on the thumbs down
(point to the thumbs down).

Kind of means that sometimes you like candy, so you would make a mark on the pinching fingers
(point to the pinching fingers).

Yes means that most days you like candy, so you would make a mark on the thumbs up
(point to the thumbs up).

Remember to choose only one answer.

Trial 2

Let’s practice one more time: “I feel like talking.” Ask yourself, “Do I feel like this?” No, kind of, or yes? Remember, it’s how you feel most days

(If child is unsure how to respond state the following:)

No means that most days you don’t feel like talking, so you would make a mark on the thumbs down
(point to the thumbs down).

Kind of means that sometimes you feel like talking, so make a mark on the pinching fingers
(point to the pinching fingers).

Yes means that most days you feel like talking, so make a mark on the thumbs up
(point to the thumbs up).

Remember to choose only one answer.

Okay. Do you have any questions? Here’s the first feeling. Turn the page.







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<i>Do I feel like this?</i>		No	Kind of	Yes
A.	I like candy.			
B.	I feel like talking.			

<i>Do I feel like this?</i>		No	Kind of	Yes
1.	I worry about things.			
2.	I feel lonely.			
3.	I feel like no one cares about me.			
4.	I feel like crying.			
5.	I am good at lots of things.			
6.	I worry that something bad will happen.			
7.	I feel sad.			
8.	I don't feel like playing.			
9.	My tummy hurts.			
10.	I get in trouble.			
11.	It is hard for me to sit still.			

<i>Do I feel like this?</i>		No	Kind of	Yes
12.	I make friends easily.			
13.	I feel happy.			
14.	I have lots of energy.			
15.	I act silly in class.			
16.	Lots of things scare me.			
17.	Other kids ask me to play.			
18.	I feel angry.			
19.	I have lots of friends.			
20.	I do well in school.			
21.	It is hard for me to use my inside voice.			
22.	I have fun with other people.			