Wellbeing Measure	Description	Review Comments	Used at	External Comments	Cost	Academic Reviews
Office for National Statistics Personal Wellbeing Measure (ONS4)	Personal well-being (PWB) is part of the wider Measuring National Well-being (MNW) Programme at the Office for National Statistics (ONS), which aims to provide accepted and trusted measures of the nation's well-being. Personal well-being uses four measures (often referred to as the ONS4), which capture three types of well-being: evaluative, eudemonic and affective experience. These measures ask people to evaluate how satisfied they are with their life overall, asking whether they feel they have meaning and purpose in their life, and asks about their emotions during a particular period	• Seems to be approached from a negative starting point. • does not appear to allow flexibility to identify a specific issue and track improvements. More generic. • No back-end evaluation possible • Too generalised. Does not address what that patient was presenting with. • Does not facilitate personalisation or guided conversations and doesn't allow SP to understand what is impacting on the person. • HEx currently use ONS4 but record concerns alongside • Not clear what the improvement score really means. • Conversation with client moves forward from a negative place then using ONS4 brings things back to negative. • 4 questions only is a positive • Scoring system is straight forward but doesn't give you the information needed to support the individual. • As this is a nationally used tool, we may lose ability to compare if we move away from this.				

Patient Activation Measure (PAM)	The PAM comprises 13 questions and the responses assign a score out of 100, matching the respondents to one of four levels of 'activation' (one being the lowest level and four being the highest). Each level of activation reveals insight into a range of health-related characteristics, including behaviours and outcomes.	• Activation may not be relevant to the individual. Seems to be more of tool to guide treatment options rather than assessing impact of interventions.
		• Licence fee involved.
		• No back-end evaluation possible
		• patients with low activation could: be given longer appointment times and more frequent follow up appointments; receive self-management education and access to wider support opportunities; be encouraged to make small behaviour changes to help build their confidence;
		• patients with high activation could be given more choice around attending routine follow up appointments and make greater use of telephone consultations.
		
		  • Angela – didn't use it as it's lengthy and wordy. During pandemic. Didn't really fit with what was going on at the time.
		  • Lots of questions and quite intrusive at the end of the 1-2-1 conversation.
		  • Health and Wellbeing coach
		  • Limited in what is being asked. Does not take into account broader motivation aspects.
						1. Link1
						2. Link2
						3. Link3

The Warwick-Edinburgh Mental Wellbeing Scale (WEMWEBS)	The Warwick-Edinburgh Mental Wellbeing Scales were developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. The 14-item scale WEMWBS has 5 response categories, summed to provide a single score. The items are all worded positively and cover both feeling and functioning aspects of mental wellbeing, thereby making the concept more accessible. The scale has been widely	• Mental health focus which could be limiting but may link into physical issues. • Simple questions but there are quite a lot of them. Perhaps the short version may be better. 14 vs 7 question version. • 7 question set is deemed to be more appropriate than the 14 question. • Misses some of the determining factors in someone's mental health.				

	used nationally and internationally for monitoring, evaluating projects and programmes and investigating the determinants of mental wellbeing.	• Comprehensive but not suitable for social prescribing. Not board enough to capture specific concerns.				
Measure Yourself Concerns and Wellbeing (MYCAW)	MYCaW is an individualised questionnaire designed for evaluating holistic and personalised approaches to supporting people. It only takes a few minutes to complete and can routinely be incorporated into a consultation to understand and prioritise what a person most wants support with. MYCaW allows a more rigorous approach to capturing the voice of service users beyond the anecdotal. Each person writes down the thing that most concerns them, that they want help with, in a box. MYCaW can record two main concerns in total. The concerns are rated for severity using a simple numerical Likert scale and a person's wellbeing is also scored.	• Simple questions that can be applied to any concerns raised by service user. • Facilitates concerns that are not medical related as well as medical concerns. • Can give SP a clear remit as specific issues are identified. • More personalised, can add additional concerns when returned to. • Appears to be tailored towards social prescribing and fits in with the personalised care approach (what matters to the person). • More positive feel to the questions and can be introduced in a natural way. • Simple and short • Provides qualitative and quantitative data. • Being used in South Warwickshire(?) • Currently being used by HEx in MSK pilot and will feedback experience. Works well in hospital setting where concerns can be both medical and non-medical. • Additional questions are available around life satisfaction and wellbeing. • Service user identifies the issues themselves and rates. Question around what matters to them provides very useful insight.				
Goal Based Outcomes (GBO)	Up to 3 goals assessed against a self-reported 10-point scale. Goals are assessed at the point of goal-setting (Time 1) and at the end of intervention (Time 2). GBO measures the changes most important to the Client. Client agrees goal with practitioner and rates their progress towards that goal at initial assessment and at selected intervals. GBOs use a simple scale from 0-10 to capture the change; the outcome is simply the amount of movement along the scale from the start to the end of the intervention.	• Flexible as can capture any issue for the service user. • Does not result in an overall score but rather scores for each concern. • Appears to be limited follow up analysis • Appears to be more suitable for a Health and Wellbeing Coach • More behavioural • Could be difficult for a service user to identify a goal • solution focussed, more positive around achieving goals • Would need to be supplemented with a more general wellbeing measure.				
Well-being Star	The Well-being Star has been designed for people living with a long-term health condition, to support and measure their progress in living as well as they can. It can work as a stand-alone tool, or as part of Personal Health Plan materials. The Well-being Star is designed to either be self-completed by a patient, or ideally completed by a patient and health professional together	• For people with long term health condition. • Perhaps we need to review Recovery Star measure although the guidance states that Wellbeing star is the most appropriate for social prescribing. • Covers, lifestyle, looking after yourself, managing your symptoms and work, volunteering and other activities. These are likely to not all be relevant to the service user. • Visual and easy to use • Number of different categories provides flexibility • Doesn't show the individual work done but easy to use • Service user could do on their own • Various different stars are available to use • Has the utility for what we need to do • Covers the key areas of concern and positivity • Would require a licence but costs unknown.		There are over 20 different versions for different groups of people, which can frustrate administration and data aggregation. Richmond Group charities report staff feel uncomfortable asking people about pre-defined aspects of their lives, which an intervention is not necessarily designed to respond to. Licences must be purchased, and all workers must complete minimum training with an associated per-person cost.	£250 per year account fee and £40 per year for each licence	

				Using the Wellbeing Star has been beneficial in embedding a measure within our practice, showing a positive impact of services on patients. Some limitations are evident, and timing of reviews is challenging with the demographics of patients using services. We remain undecided on its appropriateness as deterioration due to disease rather than the services not meeting needs is not illustrated. We will continue to collect data for a further nine months and then assess if it adequately meets the needs of hospice out-patient services. The cost of using the Wellbeing Star will also need to be considered.		
WHO-Five Well-being Index (WHO-5)	The World Health Organisation- Five Well-Being Index (WHO-5) is a short self-reported measure of current mental wellbeing. The measure was first introduced in its present form in 1998 by the WHO Regional Office in Europe as part of the DEPCARE project on well-being measures in primary health care. The WHO-5 has been found to have adequate validity in screening for depression and in measuring outcomes in clinical trials. Item response theory analyses in studies of younger persons and elderly persons indicate that the measure has good construct validity as a unidimensional scale measuring well-being in these populations	• 5 simple and non-intrusive general questions about wellbeing. • Does not enable specific concerns to be identified. • Similar to ONS4 but more positive. • Generalised questions. Similar to MH question sets. • More suitable for MH services than social prescribing.		The WHO-5 is a short questionnaire consisting of 5 simple and non-invasive questions, which tap into the subjective well-being of the respondents. The scale has adequate validity both as a screening tool for depression and as an outcome measure in clinical trials and has been applied successfully across a wide range of study fields. 5 statements, 5-point scale. Free to use, available in many languages, can generate a percentage score. Agreeing / disagreeing with “I statements” is difficult for people with cognitive impairment.4 The WHO-5 showed a good internal and external validity. The second version is a stronger scale and was more specific for the detection of depression. The WHO-5 is a useful instrument for identifying elderly subjects with depression.		
EQ-5D	The 5-level EQ-5D version (EQ-5D-5L) was introduced by the EuroQol Group in 2009 to improve the instrument’s sensitivity and to reduce ceiling effects, as compared to the EQ-5D-3L. The EQ-5D-5L essentially consists of 2 pages: the EQ-5D	• PROM for general health concerns • Enables further analysis on quality of life (health related quality of life) • Could be used as an add-on when health concerns are identified or when referrals come from secondary care.				

	descriptive system and the EQ visual analogue scale (EQ VAS). The descriptive system comprises five dimensions: mobility, self-care, usual activities, pain/discomfort and anxiety/depression. Each dimension has 5 levels: no problems, slight problems, moderate problems, severe problems and extreme problems. The patient is asked to indicate his/her health state by ticking the box next to the most appropriate statement in each of the five dimensions. This decision results in a 1-digit number that expresses the level selected for that dimension. The digits for the five dimensions can be combined into a 5-digit number that describes the patient's health state. The EQ VAS records the patient's self-rated health on a vertical visual analogue scale, where the endpoints are labelled 'The best health you can imagine' and 'The worst health you can imagine'. The VAS can be used as a quantitative measure of health outcome that reflect the patient's own judgement.	• Can facilitate economic evaluations of healthcare interventions. • NICE preferred instrument Could be more useful to the health coaching role HEX use the 5D-3L – useful for identifying other issues. Jacqui prefers the 5L version. Not seeing much change in the scores.				
Generalised Anxiety Disorder Assessment (GAD-7)	This easy-to-use self-administered patient questionnaire is used as a screening tool and severity measure for generalised anxiety disorder (GAD).	• Specific to anxiety so may not be relevant to many identified issues. • No onward analysis possible. • Specific to anxiety – not appropriate as a generalised SP PROM tool				
Patient Health Questionnaire (PHQ-9)	This easy to use patient questionnaire is a self-administered version of the PRIME-MD diagnostic instrument for common mental disorders.[1] The PHQ-9 is the depression module, which scores each of the nine DSM-IV criteria as "0" (not at all) to "3" (nearly every day). It has been validated for use in primary care.[2] It is not a screening tool for depression but it is used to monitor the severity of depression and response to treatment. However, it can be used to make a tentative diagnosis of depression in at-risk populations - eg, those with coronary heart disease or after stroke.[3, 4] When screening for depression the Patient Health Questionnaire (PHQ-2) can be used first (it has a 97% sensitivity and a 67% specificity).[5]If this is positive, the PHQ-9 can then be used, which has 61% sensitivity and 94% specificity in adults.	• is designed to be completed with a healthcare professional. • Questions relating to depression • Potential to be used as the general health bolt-on for secondary care referrals and integrated pathways.				
36-Item Short Form Health Survey (SF-36)	As part of the Medical Outcomes Study (MOS), a multi-year, multi-site study to explain variations in patient outcomes, RAND developed the 36-Item Short Form Health Survey (SF-36) in 1992. SF-36 is a set of generic, coherent, and easily administered quality-of-life measures. These measures rely upon patient self-reporting and have been widely used.	• Focusses on general health related questions. • Lots of questions to go through (36) • Potential for lots of the question to be irrelevant • Seems quite intrusive • Last section is a general health section which is the type of health questions we want				
Quality of Life Scale (QOLS)		• Could be useful for clients who struggle to identify specific issues.				

		• Potentially a good measure for demonstrating improvement. • 16 questions so may be too lengthy. • Gives good insight into what the issues are for the patient.				
R-Outcomes – Health Status (howRU)	The howRu health status measure is a short generic Patient-Reported Outcome Measure (PROM) to track and compare patients' perceptions of how they feel and what they can do.	• Adaptable • short, visual and user friendly • Can be tailored to specific concerns (similar to MYCAW) • Additional questions around sleep and fatigue provides additional context • not clear how it is used as a statistical measure • Scoring system is very simple (good) • Would require licence but cost not know at this stage • Could be impractical if all of the measures are to be used. How would this be managed in EMIS?				
The Recovery Star		• support individuals with a wide range of short- and long-term mental health difficulties				