

WE-Check: Minnesota Well-being and Emotions Check

- 1. In the past month, have you felt too sad?
- 2. In the past month, have you been worrying or thinking too much?
- 3. In the past month, have thoughts about the past that kept you from doing things or spending time with others?
- 4. In the past month, did you have sleep problems?
- 5. In the past month, did you have memory problems?

If any of the above answers were yes, then ask:

6. Did any of the above stop you from doing things you need to do every day?

Minnesota Department of Health Refugee and International Health Program PO Box 64975 St. Paul, MN 55164-0975 651-201-5414 refugeehealth@state.mn.us www.health.state.mn.us/refugee