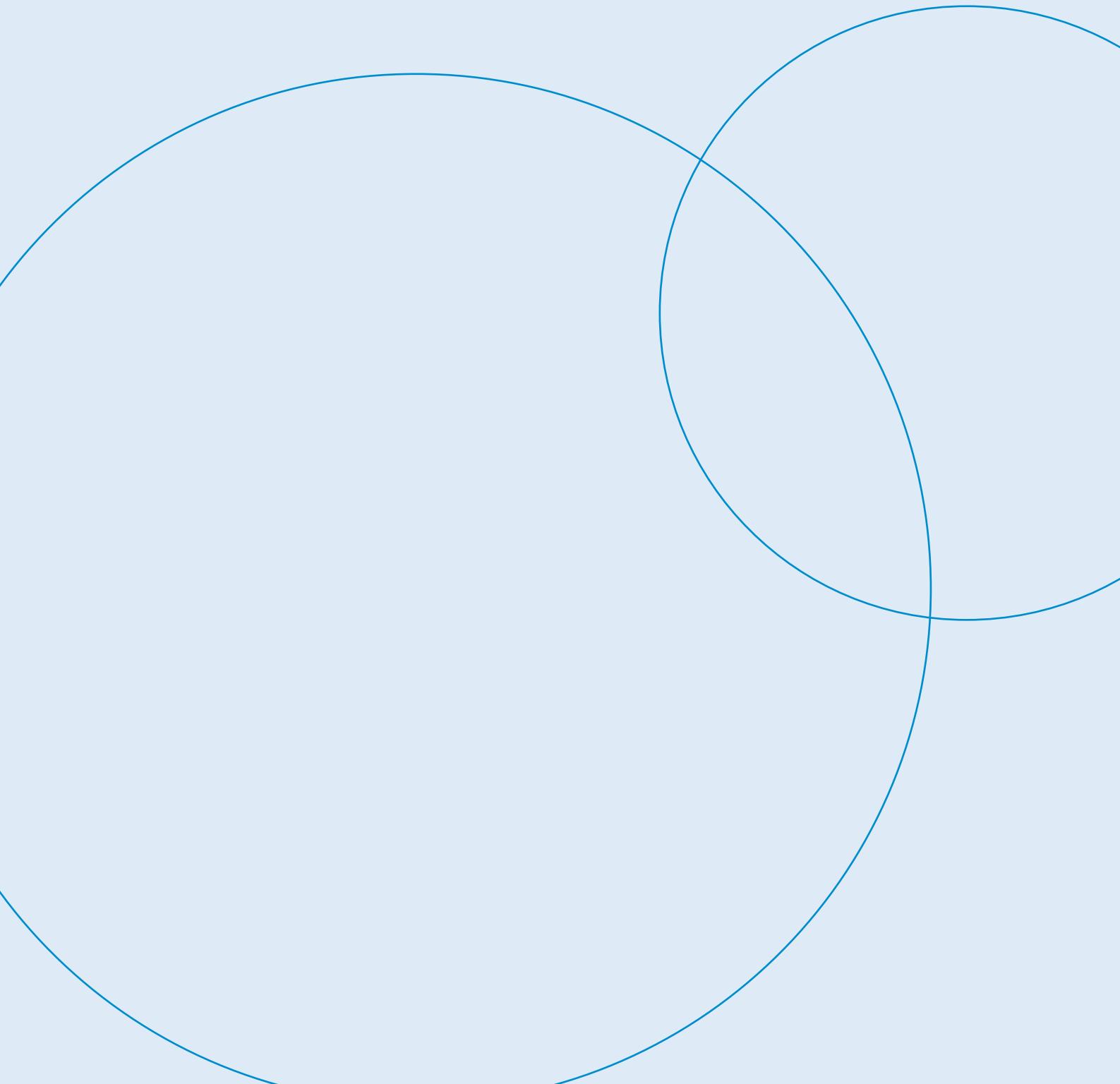


---

# The World Health Organization-Five Well-Being Index (WHO-5)





---

# The World Health Organization-Five Well-Being Index (WHO-5)

The World Health Organization-Five Well-Being Index (WHO-5)

WHO/UCN/MSD/MHE/2024.1

© World Health Organization 2024

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>). Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition". Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

**Suggested citation.** World Health Organization. The World Health Organization-Five Well-Being Index (WHO-5). Geneva: World Health Organization; 2024. License: CC-BY-NC-SA 3.0 IGO

**Cataloguing-in-Publication (CIP) data.** CIP data are available at <http://apps.who.int/iris>.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <https://www.who.int/copyright>.

**General disclaimers.** The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

## Acknowledgements

Anne de Graaff and Mark van Ommeren (Mental Health Unit, Department of Mental Health, Brain Health and Substance Use, WHO, Geneva, Switzerland) prepared this re-publication of the World Health Organization-Five Well-Being Index (WHO5) as an open access product.

The WHO-5 was developed during the 1990s by the late Per Bech of the Psychiatric Centre North Zealand (Copenhagen, Denmark), which hosted a WHO Collaborating Centre for Mental Health. The WHO-5 was derived from other scales and studies by the WHO Regional Office in Europe [1][2]. It has been translated, tested and used in a wide range of languages and settings across the globe [3].

In 2024 the Psychiatric Centre North Zealand and WHO agreed to assign copyright in the WHO-5 to WHO, thereby creating the opportunity to publish and disseminate the tool as a WHO open access product.

[1] World Health Organization Regional Office for Europe. (1998). Wellbeing measures in primary health care/the DepCare Project: report on a WHO meeting: Stockholm, Sweden, 12–13 February 1998. Copenhagen: World Health Organization Regional Office for Europe; 1998 . (<https://iris.who.int/handle/10665/349766>, accessed 29 April 2024).

[2] Bech P. Clinical Psychometrics. Oxford: Wiley-Blackwell; 2012.

[3] Topp CW, Østergaard SD, Søndergaard S, Bech P. The WHO-5 Well-Being Index: a systematic review of the literature. Psychother Psychosom. 2015;84(3):167–176. doi:10.1159/000376585.



# The World Health Organization-Five Well-Being Index (WHO-5)

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, select number three.

		All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1	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
4	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

## Scoring

The raw score is calculated by totalling the scores on each of the five questions. The raw score ranges from zero to 25, zero representing worst possible mental well-being and 25 representing best possible mental well-being.

To get a percentage score ranging from zero to 100, the raw score is multiplied by four. A percentage score of zero represents worst possible mental well-being; a score of 100 represents best possible mental well-being.

## Comment

A percentage score below 50 (or a raw score below 13) has been suggested as a cut-off for poor mental well-being and as an indication for further assessment for the possible presence of a mental health condition (e.g., depressive disorder) [4].

[4] Topp CW, Østergaard SD, Søndergaard S, Bech P. The WHO-5 Well-Being Index: a systematic review of the literature. Psychother Psychosom. 2015;84(3):167–176. doi:10.1159/000376585.

