

*Name: _____

*Date: ___/___/___

Please check the answer that comes closest to how you have felt **in the past 7 days** (not just today):

1. I have been able to laugh and see the funny side of things: (Select one)

- As much as I always could
- Not quite so much now
- Definitely not so much now
- Not at all

2. I have looked forward with enjoyment to things: (Select one)

- As much as I ever did
- Rather less than I used to
- Definitely less than I used to
- Hardly at all

3. I have blamed myself unnecessarily when things went wrong: (Select one)

- Yes, most of the time
- Yes, some of the time
- Not very often
- No, never

4. I have been anxious or worried for no good reason: (Select one)

- No, not at all
- Hardly ever
- Yes, sometimes
- Yes, very often

5. I have felt scared or panicky for no good reason: (Select one)

- Yes, quite a lot
- Yes, sometimes
- No, not much
- No, not at all

6. Things have been getting to me: (Select one)

- Yes, most of the time I haven't been able to cope at all
- Yes, sometimes I haven't been coping as well as usual
- No, most of the time I have coped quite well
- No, I have been coping as well as ever

7. I have been so unhappy that I had difficulty sleeping: (Select one)

- Yes, most of the time
- Yes, sometimes
- No, not very often
- No, not at all

8. I have felt sad or miserable: (Select one)

- Yes, most of the time
- Yes, quite often
- Not very often
- No, not at all

9. I have been so unhappy that I have been crying: (Select one)

- Yes, most of the time
- Yes, quite often
- Only occasionally
- No, never

10. The thought of harming myself has occurred to me: (Select one)

- Yes, quite often
- Sometimes
- Hardly ever
- Never