

Total Score: _____

For all questions, please tick the appropriate response circle.

In the past 4 weeks:None of
the timeA little of
the timeSome of
the timeMost of
the timeAll of
the time

1. About how often did you feel tired out for no good reason?

 — — — —

2. About how often did you feel nervous?

 — — — —

3. About how often did you feel so nervous that nothing could calm you down?

 — — — —

4. About how often did you feel hopeless?

 — — — —

5. About how often did you feel restless or fidgety?

 — — — —

6. About how often did you feel so restless you could not sit still?

 — — — —

7. About how often did you feel depressed?

 — — — —

8. About how often did you feel that everything is an effort?

 — — — —

9. About how often did you feel so sad that nothing could cheer you up?

 — — — —

10. About how often did you feel worthless?

 — — — — **Office Use Only**

	1	2	3	4	5
Ticks:					
Score:					