Irena Begelfor Mobile 0403947836 Life Coaching I Hypnotherapy

Name:	Date:	

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There is no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1.	I found it hard to wind down	0123
2.	I was aware of dryness of my mouth	0123
3.	I couldn't seem to experience any positive feeling at all	0123
4.	I experienced breathing difficulty (eg, excessively rapid breathing,	
	breathlessness in the absence of physical exertion)	0123
5.	I found it difficult to work up the initiative to do things	0123
6.	I tended to over-react to situations	0123
7.	I experienced trembling (eg, in the hands)	0123
8.	I felt that I was using a lot of nervous energy	0123
9.	I was worried about situations in which I might panic and make a fool of myself	0123
10.	I felt that I had nothing to look forward to	0123
11.	I found myself getting agitated	0123
12.	I found it difficult to relax	0123
13.	I felt down-hearted and blue	0123
14.	I was intolerant of anything that kept me from getting on with what I was doing	0123
15.	I felt I was close to panic	0123
16.	I was unable to become enthusiastic about anything	0123
17.	I felt I wasn't worth much as a person	0123
18.	I felt that I was rather touchy	0123
19.	I was aware of the action of my heart in the absence of physical exertion	
	(eg, sense of heart rate increase, heart missing a beat)	0123
20.	I felt scared without any good reason	0123
21.	I felt that life was meaningless	0123