



Name:

Date:

IMPORTANT – PLEASE READ THIS FIRST

This form has 34 statements about how you have been **OVER THE LAST WEEK**. Please read each statement and think how often you felt that way last week. Then choose the button which is closest to this.

Please remember to save the file when you are finished.

Over the last week ...

	<i>Not at all</i>	<i>Only occasionally</i>	<i>Sometimes</i>	<i>Often</i>	<i>Most or all the time</i>	
1 I have felt terribly alone and isolated	0	1	2	3	4	F
2 I have felt tense, anxious or nervous	0	1	2	3	4	P
3 I have felt I have someone to turn to for support when needed	4	3	2	1	0	F
4 I have felt O.K. about myself	4	3	2	1	0	W
5 I have felt totally lacking in energy and enthusiasm	0	1	2	3	4	P
6 I have been physically violent to others	0	1	2	3	4	R
7 I have felt able to cope when things go wrong	4	3	2	1	0	F
8 I have been troubled by aches, pains or other physical problems	0	1	2	3	4	P
9 I have thought of hurting myself	0	1	2	3	4	R
10 Talking to people has felt too much for me	0	1	2	3	4	F
11 Tension and anxiety have prevented me doing important things	0	1	2	3	4	P
12 I have been happy with the things I have done	4	3	2	1	0	F
13 I have been disturbed by unwanted thoughts and feelings	0	1	2	3	4	P
14 I have felt like crying	0	1	2	3	4	W

Please "turn over" to next page

Over the last week ...

	<i>Not at all</i>	<i>Only occasionally</i>	<i>Sometimes</i>	<i>Often</i>	<i>Most or all the time</i>	<i>No answer</i>
15 I have felt panic or terror	0	1	2	3	4	P
16 I made plans to end my life	0	1	2	3	4	R
17 I have felt overwhelmed by my problems	0	1	2	3	4	W
18 I have had difficulty getting to sleep or staying asleep	0	1	2	3	4	P
19 I have felt warmth or affection for someone	4	3	2	1	0	F
20 My problems have been impossible to put to one side	0	1	2	3	4	P
21 I have been able to do most things I needed to	4	3	2	1	0	F
22 I have threatened or intimidated another person	0	1	2	3	4	R
23 I have felt despairing or hopeless	0	1	2	3	4	P
24 I have thought it would be better if I were dead	0	1	2	3	4	R
25 I have felt criticised by other people	0	1	2	3	4	F
26 I have thought I have no friends	0	1	2	3	4	F
27 I have felt unhappy	0	1	2	3	4	P
28 Unwanted images or memories have been distressing me	0	1	2	3	4	P
29 I have been irritable when with other people	0	1	2	3	4	F
30 I have thought I am to blame for my problems and difficulties	0	1	2	3	4	P
31 I have felt optimistic about my future	4	3	2	1	0	W
32 I have achieved the things I wanted to	4	3	2	1	0	F
33 I have felt humiliated or shamed by other people	0	1	2	3	4	F
34 I have hurt myself physically or taken dangerous risks with my health	0	1	2	3	4	R

Please now use "Save", or the save button in your PDF reader, to save this file and send it back to the person who sent it to you.

THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE