



Name: _____

Date: _____

These questions are about how you have been feeling – OVER THE LAST WEEK.

Please read each question carefully.

Think how often you have felt like that in the last week and then select the answer that fits best for you.

Use the last little button if none of those fit for you.

When you have finished remember to save the file.

OVER THE LAST WEEK...

	<i>Not at all</i>	<i>Only occasionally</i>	<i>Sometimes</i>	<i>Often</i>	<i>Most or all of the time</i>
1 I've felt edgy or nervous	0	1	2	3	4
2 I haven't felt like talking to anyone	0	1	2	3	4
3 I've felt able to cope when things go wrong	4	3	2	1	0
4 I've thought of hurting myself	0	1	2	3	4
5 There's been someone I felt able to ask for help	4	3	2	1	0
6 My thoughts and feelings distressed me	0	1	2	3	4
7 My problems have felt too much for me	0	1	2	3	4
8 It's been hard to go to sleep or stay asleep	0	1	2	3	4
9 I've felt unhappy	0	1	2	3	4
10 I've done all the things I wanted to	4	3	2	1	0

THANK YOU FOR ANSWERING THESE QUESTIONS

When you have finished, remember to save the file and send it back to whoever sent it to you.