Circle the number for each statement, which best describes how often you felt or behaved this way in the past 7 days.

**I have been able to laugh and see the funny side of things.**

- 0 As much as I always could
- 1 Not quite so much now
- 2 Definitely not so much now
- 3 Not at all

**Things have been getting on top of me.**

- 0 Yes, most of the time I have not been able to cope at all
- 1 Yes, sometimes I have not been coping as well as usual
- 2 No, most of the time I have coped quite well
- 3 No, I have been coping as well as ever

**I have looked forward with enjoyment to things.**

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

**I have felt so unhappy that I have had difficulty sleeping.**

- 0 Yes, most of the time
- 1 Yes, sometimes
- 2 Not very often
- 3 No, not at all

**I have blamed myself unnecessarily when things went wrong.**

- 0 No not at all
- 1 Hardly ever
- 2 Yes, sometimes
- 3 Yes, very often

**I have felt sad and miserable.**

- 0 Yes, most of the time
- 1 Yes, quite often
- 2 Not very often
- 3 No, not at all

**I have been anxious or worried for no good reason.**

- 0 Yes, quite a lot
- 1 Yes, sometimes
- 2 No, not much
- 3 No, not at all

**I have been so unhappy that I have been crying**

- 0 Yes, most of the time
- 1 Yes, quite often
- 2 Only occasionally
- 3 No, never

**I felt scared or panicky for no very good reason.**

- 0 Yes, quite a lot
- 1 Yes, sometimes
- 2 No, not much
- 3 No, not at all

**The thought of harming myself has occurred to me.**

- 0 Yes, quite often
- 1 Sometimes
- 2 Hardly
- 3 Never

| Column Total = __________ | Column Total = __________ | Total = __________ |


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