

Using the scale below, please indicate how much each statement applied to you **over the past 4 weeks**:

1	2	3	4	5
None of the time	A little of the time	Some of the time	Most of the time	All of the time

1	About how often did you feel tired out for no good reason?	1	2	3	4	5
2	About how often did you feel nervous?	1	2	3	4	5
3	About how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4	About how often did you feel hopeless?	1	2	3	4	5
5	About how often did you feel restless or fidgety?	1	2	3	4	5
6	About how often did you feel so restless you could not sit still?	1	2	3	4	5
7	About how often did you feel depressed?	1	2	3	4	5
8	About how often did you feel that everything was an effort?	1	2	3	4	5
9	About how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10	About how often did you feel worthless?	1	2	3	4	5

The next few questions are about how these feelings may have affected you in the **last four weeks**.

You need not answer these questions if you answered 'none of the time' to all of the ten questions about your feelings.

11	In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?	_____ (number of days)
12	[Aside from those days], in the last 4 weeks, HOW MANY DAYS were you able to work or study or manage your day to day activities, but had to CUT DOWN on what you did because of these feelings?	_____ (number of days)
13	In the last 4 weeks, how many times have you seen a doctor or any other health professional about these feelings?	_____ (number of consultations)
14	In the last 4 weeks, how often have physical health problems been the main cause of these feelings?	<input type="radio"/> None of the time <input type="radio"/> A little of the time <input type="radio"/> Some of the time <input type="radio"/> Most of the time <input type="radio"/> All of the time