|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **During the past 30 days, about how often did you feel …** | **All of the time** | **Most of the time** | **Some of the time** | **A little of the time** | **None of the time** |
| **1.**  Nervous | □ | □ | □ | □ | □ |
| **2.**  Hopeless | □ | □ | □ | □ | □ |
| **3.**  Restless or fidgety | □ | □ | □ | □ | □ |
| **4.**  So depressed that nothing could cheer you up | □ | □ | □ | □ | □ |
| **5.**  That everything was an effort | □ | □ | □ | □ | □ |
| **6.**  Worthless | □ | □ | □ | □ | □ |

**Part 1:**

**Part 2:** The last six questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur more often in the past 30 days

than is usual for you, about the same as usual, or less often than usual? (If you never

have any of these feelings, select “about the same as usual”). Circle below:

A lot Some more often than usual A little About the same as usual

A little Some less often than usual A lot

**Part 3:** The next few questions are about how these feelings may have affected you in the past 30 days. You need not answer these questions if you answered “None of the time” to all of the six questions about your feelings

1. During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Not counting the days you reported in response to Q3, how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 4:**

1. During the past 30 days, how often have physical health problems been the main cause of these feelings? Circle below:

All of the time Most of the time Some of the time A little of the time

None of the time

1. Do you have or have you ever been diagnosed with any of the following psychological disorders (circle all that apply)?

ADHD Alcohol Dependency Anorexia Nervosa Anxiety Disorder

Autism/Autism Spectrum Disorder Borderline Personality Disorder Bulimia

Drug Dependency Depression Manic-Depressive (Bipolar) illness

Obsessive Compulsive Disorder Schizophrenia Other None

1. If you responded “other” to the above question, please describe:
2. Have you been diagnosed with any neurological disorder (e.g. Alzheimer's, Parkinson's)?

□Yes □No

1. If you responded “yes” to the above question, please describe:
2. Do you have or have you ever been diagnosed with any of the following medical conditions (circle all that apply)?

Type II diabetes Metabolic Syndrome High Blood Pressure

Heart Disease Stroke Cancer Sleep Apnea Other

None

1. If you responded “other” to the above question, please describe: