RATING SCALES

NAME_____ DATE_____

Please circle the number that best describes your symptoms IN THE PAST FEW WEEKS.

| | None | A little | Pretty Much | Very Much |
|---|---|---|---|---|
| 1. Depressed mood | 0 | 1 | 2 | 3 |
| 2. Irritable mood | 0 | 1 | 2 | 3 |
| 3. Decreased interest or enjoyment of activities | 0 | 1 | 2 | 3 |
| 4. Changes in appetite, eating habits or weight | 0 | 1 | 2 | 3 |
| 5. Increased or decreased sleep | 0 | 1 | 2 | 3 |
| 6. Slow or agitated movement | 0 | 1 | 2 | 3 |
| 7. Low energy or fatigue | 0 | 1 | 2 | 3 |
| 8. Difficulty with thinking, concentrating or making decisions | 0 | 1 | 2 | 3 |
| 9. Thoughts of death or suicide | 0 | 1 | 2 | 3 |
| 10. Feelings of worthlessness or excessive guilt | 0 | 1 | 2 | 3 |
| 11. Low self-esteem | 0 | 1 | 2 | 3 |
| 12. Feelings of hopelessness | 0 | 1 | 2 | 3 |
| 13. Low motivation | 0 | 1 | 2 | 3 |

Please circle the correct number indicating if you have EVER HAD the following symptoms.

| | None | A little | Pretty Much | Very Much |
|---|---|---|---|---|
| 1. Unusually happy mood | 0 | 1 | 2 | 3 |
| 2. Unusually irritable or angry mood | 0 | 1 | 2 | 3 |
| 3. Decreased need for sleep or much more energy than usual | 0 | 1 | 2 | 3 |
| 4. Much more self-confident than usual, much higher self-esteem | 0 | 1 | 2 | 3 |
| 5. More talkative than usual or pressure to keep talking | 0 | 1 | 2 | 3 |
| 6. Racing thoughts, difficulty slowing mind down | 0 | 1 | 2 | 3 |
| 7. Easily distracted, difficulty staying focused | 0 | 1 | 2 | 3 |
| 8. Feeling agitated or much more active and motivated than usual | 0 | 1 | 2 | 3 |
| 9. Involvement in unusually risky behaviors (e.g. buying sprees, sexual indiscretions, foolish business investments) | 0 | 1 | 2 | 3 |

If you ever had the above symptoms at the same time, how many days did they continue?

Please circle the number that best describes your symptoms in the past few weeks.

| | None | A little | Pretty Much | Very Much |
|---|---|---|---|---|
| 1. Excessive anxiety and worry that is difficult to control | 0 | 1 | 2 | 3 |
| 2. Irritable mood | 0 | 1 | 2 | 3 |
| 3. Restlessness or feeling keyed up or on edge | 0 | 1 | 2 | 3 |
| 4. Easily fatigued | 0 | 1 | 2 | 3 |
| 5. Difficulty concentrating or mind going blank | 0 | 1 | 2 | 3 |
| 6. Muscle tension | 0 | 1 | 2 | 3 |
| 7. Sleep problems (restless sleep, difficulty falling or staying asleep) | 0 | 1 | 2 | 3 |
| 8. Excessive fear of a specific object or situation (e.g. heights, injections) | 0 | 1 | 2 | 3 |
| 9. Social anxiety or avoidance of social situations | 0 | 1 | 2 | 3 |
| 10. Repeated thoughts or images that cause distress | 0 | 1 | 2 | 3 |
| 11. Repetitive behaviors or mental acts to prevent anxiety or feared events (e.g. handwashing, counting) | 0 | 1 | 2 | 3 |

12. Have you ever experienced a panic attack or period of intense fear or anxiety? Y N

13. Have you ever experienced or witnessed a traumatic event that involved death, injury or violence? Y N