



**Name:**

**Date:**

**IMPORTANT – PLEASE READ THIS FIRST**

This form has 10 statements about how you have been OVER THE LAST WEEK. Please read each statement and think how often you felt that way last week.

Then choose the option which is closest to this.

Please remember to save the file when you finish, and send it back to whoever sent it to you.

## Over the last week

- 1 I have felt tense, anxious or nervous
- 2 I have felt I have someone to turn to for support when needed
- 3 I have felt able to cope when things go wrong
- 4 Talking to people has felt too much for me
- 5 I have felt panic or terror
- 6 I made plans to end my life
- 7 I have had difficulty getting to sleep or staying asleep
- 8 I have felt despairing or hopeless
- 9 I have felt unhappy
- 10 Unwanted images or memories have been distressing me

When you have finished, remember to save the file and send it back to whoever sent it to you, depending on your software, you may be able to send it back directly.

**THANK YOU FOR YOUR TIME IN COMPLETING THIS QUESTIONNAIRE**