

PATIENT NAME _____

AGE _____ SEX _____ DATE _____

Please check a response for each of the 20 items.	None OR a Little of the Time	Some of the Time	Good Part of the Time	Most OR All of the Time
1. I FEEL DOWNHEARTED, BLUE, AND SAD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. MORNING IS WHEN I FEEL THE BEST	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I HAVE CRYING SPELLS OR FEEL LIKE IT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I HAVE TROUBLE SLEEPING THROUGH THE NIGHT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I EAT AS MUCH AS I USED TO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I ENJOY LOOKING AT, TALKING TO, AND BEING WITH ATTRACTIVE WOMEN/MEN	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I NOTICE THAT I AM LOSING WEIGHT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I HAVE TROUBLE WITH CONSTIPATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. MY HEART BEATS FASTER THAN USUAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I GET TIRED FOR NO REASON	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. MY MIND IS AS CLEAR AS IT USED TO BE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I FIND IT EASY TO DO THE THINGS I USED TO DO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I AM RESTLESS AND CAN'T KEEP STILL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I FEEL HOPEFUL ABOUT THE FUTURE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I AM MORE IRRITABLE THAN USUAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I FIND IT EASY TO MAKE DECISIONS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I FEEL THAT I AM USEFUL AND NEEDED	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. MY LIFE IS PRETTY FULL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I FEEL THAT OTHERS WOULD BE BETTER OFF IF I WERE DEAD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I STILL ENJOY THE THINGS I USED TO DO	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>