

Health Screening Medical Report

We want you to be at your optimum health and wellness

TOTAL ENERGIES MEDICAL SCREENING

NAME:

ANDREY SEMENOV

IC. NO:

51-510415

DATE OF SCREENING:

19TH JULY 2024

Jalan Aman Branch:
A6, Ground Floor,
Aman Complex, Jalan Aman
Jalan Muara BC 3315
Brunei Darussalam

Phone: +673 2335577
Mobile: +673 8248315
Fax: +673 2337733

Jerudong Branch:
C5 - C6, Ground Floor
Jerudong Center, Simpang 461
Jalan Jerudong BG 3122
Brunei Darussalam

Phone: +673 2610989
Mobile: +673 7328577
Fax: +673 2610979

Email: info@vitalivhwc.com
Website: www.vitalivhwc.com


Jerudong Branch

C5 & C6, Ground Floor
Jerudong Centre,
Simpang 461
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Brunei Darussalam
Phone: +673 2610989
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Aman Branch

A6, Ground Floor
Aman Complex
Jalan Muara BC3315
Brunei Darussalam
Phone: +673 2335577
Mobile: +673 8248315
Fax: +673 2337733

KB Branch

Unit 117, First Floor
Seaview Hotel
Pandan,
3678 Jalan Maulana
Kuala Belait KA2931
Phone: +6733200969
Mobile: +6738370969
Fax: +6733200989

website: www.vitalivhwc.com
email: Info@vitalivhwc.com

ANDREY SEMENOV - 51-510415

Invoice #VHWC65391

Date 19/07/2024

Ref No 26437

Invoice

Provider: Dr Hjh Harni

Item	Description	Qty	Sub Total
19/07/24 - TOTAL ENERGIES MEDICAL SCREENING (ADULT)		1	\$661.00
	Sub-Total:		\$661.00
	Total:		\$661.00

Notes: Check up TotalEnergies Gestion Internationale SA

- Medical consultation: medical history, vaccination status, physical examination, completion of a specific Health Check questionnaire
- Sight tests: color vision, visual acuity
- Audiogram
- Abdominal perimeter (Mandatory) -
- Rest 12 leads EKG

Complementary investigations

- Complete blood count (RBC, Haemoglobin, Haematocrit, WBC with differential)
- Blood type and Rhesus (only for departure checkup if no official blood type card available)
- Blood glucose
- Blood total cholesterol
- HDL/LDL cholesterol
- Tryglicerids
- SGOT/SGPT
- Gamma GT
- Blood creatinin
- CRP
- Prostatic Specific Antigen (Male only) Below 45y/o
- Hepatitis B serology (Ag HBs, Ac anti HBs, Ac anti HBc)
- Hepatitis C serology (HCV)
- Hepatitis A serology
- HIV 1 and 2 serology
- Urine analysis: glucose, ketones, blood, proteins, nitrates, white blood cells)
- Chest X-ray-not applicable/only if medically indicated
- Spirometry- not applicable/only if medically indicated

Others	\$661.00	19 Jul 2024	
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Outstanding Balance: \$0.00

This document is computer generated as such it does not require a signature
For any appointments / inquiries please contact Vitaliv HWC 2335577 / 8248315

Dr Hjh Harni Hj Awg Bahar
 Family Medicine Physician
 MBChB, MScPHC, MRCGP [INT]
 BMB No: M-01123



LETTER OF GUARANTEE

Henner certifies that Mrs/Mr Andrey SEMENOV born on 10/09/1985 is covered for her/his medical check-up

The patient will not have any expense to pay upfront. Medical check-ups are fully taken care of by Henner.

Applicable Protocol: Adult protocol

We remind you that all examinations indicated below must be performed. No additional tests will be allowed, unless Henner has given its prior agreement.

Date of issue: July 2024

The **medical results** and **the invoice** must be sent to the Henner Medical Department by email to totalcare@henner.com or through our dedicated online platform.

Original results are to be handed to the patient

Billing: applicable tariffs according to the agreement signed with Henner.

PLEASE JOIN THIS DOCUMENT TO YOUR INVOICE ADRESSED TO **HENNER SAS** INCLUDING:

- the patient's name,
- the reference to the program: Check-up TotalEnergies Gestion Internationale SA
- the date of the medical examination

Caution! Invoices and all supporting documents must be returned to Henner no later than 6 months following the date of care. We reserve the right to refuse payment of invoices received 6 months after the check-up.

For further information, please contact us by telephone at +33.1.55.62.52.28 or by e-mail at totalcare@henner.com.



Please join this document
to your paid invoice including:

- the patient's name,
- the reference to the program:
Check-up TotalEnergies Gestion Internationale SA
- the date of the medical examination



Caution!

Invoices and all supporting documents must be returned to Henner no later than 6 months following the date of care. We reserve the right to refuse payment of invoices received 6 months after the check-up.

MEDICAL PROTOCOL FOR THE ATTENTION OF THE ATTENDING PHYSICIAN

All examinations indicated with must be performed.

No additional tests allowed.

Type of examination	Adults	Children (less than 16 YO)
Clinical Protocol		
Medical consultation: medical history, vaccination status, physical examination, completion of a specific Health Check questionnaire	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Sight tests: color vision, visual acuity	<input checked="" type="checkbox"/>	
Audiogram (only for employees)	<input checked="" type="checkbox"/>	
Abdominal perimeter (Mandatory)	<input checked="" type="checkbox"/>	
Rest 12 leads EKG	<input checked="" type="checkbox"/>	
Complementary investigations		
Complete blood count (RBC, Haemoglobin, Haematocrit, WBC with differential)	<input checked="" type="checkbox"/>	
Blood type and Rhesus (only for departure checkup if no official blood type card available)	<input checked="" type="checkbox"/>	
Fasting Blood glucose	<input checked="" type="checkbox"/>	
Blood total cholesterol	<input checked="" type="checkbox"/>	
HDL/LDL cholesterol	<input checked="" type="checkbox"/>	
Tryglicerids	<input checked="" type="checkbox"/>	
SGOT/SGPT	<input checked="" type="checkbox"/>	
Gamma GT	<input checked="" type="checkbox"/>	
Blood creatinin	<input checked="" type="checkbox"/>	
CRP	<input checked="" type="checkbox"/>	
Prostatic Specific Antigen (over 45 YO)	<input checked="" type="checkbox"/>	
Hepatitis B serology (Ag HBs, Ac anti HBs, Ac anti HBC)	<input checked="" type="checkbox"/>	
Hepatitis C serology (HCV)	<input checked="" type="checkbox"/>	
Hepatitis A serology	<input checked="" type="checkbox"/>	
HIV 1 and 2 serology (with consent)	<input checked="" type="checkbox"/>	
Urine analysis: glucose, ketones, blood, proteins, nitrates, white blood cells)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Breathing related questionnaire (If medically indicated)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Chest X-Ray (If medically indicated, depending on the country of expatriation, or administrative requirement)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Spirometry (If medically indicated)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Consent to medical examination and processing of personal data

To be completed and signed by the Beneficiary

As part of its occupational health prevention policy, TotalEnergies Gestion Internationale SA proposes a medical check-up to its expatriate employees and their family.

Within this context, TotalEnergies Gestion Internationale SA has appointed Henner as the Coordinator for the organization of these medical check-ups to handle coordination of the Independent Medical Service Providers.

Within the framework of this medical check-up, these Independent Medical Service Providers will perform the following services (as indicated in the Letter of Guarantee):

- The "Medical examinations"

1. Medical consultation
2. Additional tests
3. Vaccination
4. Other services provided by the Medical Service Provider
5. The screening tests (as defined below)

The Henner Coordinator and TotalEnergies Gestion Internationale SA shall not be liable for any Medical Examinations and / or Testing performed by the Independent Medical Services Provider, nor shall they be held liable for any consequences arising or resulting from the services provided by the Medical Service Providers, including, but not limited to, the set of procedures consisting of patient care, diagnosis and clarification and interpretation of the results provided by the Medical Service Providers.

I am informed of the right to refuse to sign this consent form and that my refusal to sign may prevent or restrict the Henner Coordinator in the performance of its duties regarding the provision of services described below.

➤ Consent to the Medical examinations and screening tests

In case of consent, please tick the boxes below.

I hereby consent to the performance of the Medical Examinations listed in the Letter of Guarantee.

I hereby consent to being asked by TotalEnergies Gestion Internationale SA to do a screening test for Hepatitis B, Hepatitis C and human immunodeficiency virus (HIV)

I acknowledge and accept that the Medical Examinations to which I am consenting will supply information to the Coordinator's Healthcare Department in order to assess my health, in strict respect of medical confidentiality. The Medical Service Providers are therefore authorised to communicate the results of the Medical Examinations and/or screening tests to the Coordinator's Henner Healthcare Department.

For the same purpose, I accept that the results of the Medical Examinations and / or Screening Tests will be communicated to the International Medical Department of TotalEnergies Gestion Internationale SA, in strict respect of medical confidentiality.

These medical examinations and/or screening tests are intended to allow the evaluation of my health status and to formulate an opinion regarding whether or not I am fit for expatriation based on the instructions issued by TotalEnergies Gestion Internationale SA. I also acknowledge that responsibility for all decisions regarding employment resulting from the Medical Examinations shall lie with TotalEnergies Gestion Internationale SA, and I agree that the Coordinator shall not be held responsible for the final decision made by TotalEnergies Gestion Internationale SA. In the event of the discovery of a disease requiring treatment, all treatment or discussion concerning management of that disease shall be subject to further consultation with the Medical Service Providers or my doctor.

➤ Data protection and freedom of information

HENNER - French Simplified Joint-Stock Company (SAS) - Insurance Brokerage and Management Firm - Share capital of €8,212,500 - Registered in the Trade & Companies Register of Nanterre under no. 323 377 739 - Intra-community VAT no. FR 48323377739 - Registered with ORIAS under no. 07.002.039 - Subject to supervision by the ACPR - ISO 9001 certification awarded by Bureau Veritas Certification - Registered office: 14, bld du Général Leclerc, 92200 Neuilly-sur-Seine, France - www.henner.com

The data collected by Henner SAS, 14 boulevard du General Leclerc, 92200 Neuilly sur Seine, as a data manager, as part of the medical check-up proposed by TotalEnergies Gestion Internationale SA (and including the data collected during Medical examinations and/or Screening tests and the medical questionnaire) are intended to carry out the medical check-up in order to evaluate your fitness to expatriation. The legal basis of this treatment is your consent.

This data is intended for authorized persons within the Henner SAS Medical Expertise Department and within the Independent Medical Service Providers. These data are also likely to be shared with authorized persons within the International Medical Department of TotalEnergies Gestion Internationale SA

The data are stocked for the duration necessary to perform the previously described services.

In accordance with the applicable regulations, you have the right to access and delete your data. You also have a right to rectify data concerning me, a right of opposition, a right to revoke your consent, a right of portability and a right to limit the processing of your data.

To exercise your rights or for any request regarding the processing of your data, you can contact the Henner Coordinator's DPO at the following address:

HENNER
DPO
Direction des risques
14, boulevard du Général Leclerc
92527 Neuilly-sur-Seine Cedex
France
E-mail: dpo@henner.com

If you believe, after contacting the Henner coordinator, that your data protection and freedom of information rights have not been respected, you can submit a complaint to the CNIL online or by post.

By signing this consent form, I confirm that I have read and fully understood the terms and conditions mentioned above and that I have sought sufficient explanation and clarification for any questions which might arise from the reading and interpretation of this document. I also confirm the accuracy of the statements made on this form and that I have stated my entire known medical history. I confirm that the Coordinator and TotalEnergies Gestion Internationale SA may rely on the accuracy and exhaustiveness of all of the statements that I have made for the purposes hereof.

Consent given on: D D / M M / Y Y Y Y

19/04/2021
10/09/2025

By (name in capital letters): *ANDREY SEMENOV*

Signature 



MEDICAL QUESTIONNAIRE
First part - To be completed by the patient

PERSONAL INFORMATION

Last Name: Andrey Semenov First Name: Andrey
Date of Birth: 10.09.1988 Nationality: Russian
Sex: Male
Telephone: +643 718 3269 E-mail: andrey.o1.semenov@gmail.com
Address: River Resat
Postal code: 59100
City: Baydar Ser. Begawan
Country: Brunei

PROFESSIONAL INFORMATION

Company: Total Energies
Position: Head of SPSCG
Country of assignment: Brunei
Working conditions : Onshore Offshore

MEDICAL INFORMATION

Blood Type (if known, with a Blood Type Card): AB-

Are you currently following medical treatment, a special diet, or particular care?

Yes No

If yes, please detail below (since when, what medicine has been prescribed and for which medical condition):

.....
.....

In the past five years, have you stayed in a hospital (hospital, clinic, nursing home, rehab facility, psychiatric ward, etc...)

Yes No

When:

How long:

Why :

Do you think that health issues related to the COVID pandemic have had an impact on your well-being ?

Yes No

Have you recently or do you have to undergo surgery anytime soon?

Yes No

When:

How long:

Why:

Do you smoke ?

Yes No

If yes, how many cigarettes per day, for how many years?

Do you think your alcohol consumption exceeds 10 glasses per week (1 glass of wine = 1 shot of whiskey = 1 pint of beer = 1 cocktail etc...)?

.....
.....
.....

Any known allergies ?

No

Height 176 cm Weight 80 kg

Date of latest vaccination (month/year)

- | | | | |
|---|-----------------|--|-------------|
| <input checked="" type="checkbox"/> Diphtheria | 03/06 June 2014 | <input checked="" type="checkbox"/> Meningitis | August 2014 |
| <input checked="" type="checkbox"/> Tetanus | June 2014 | <input type="checkbox"/> Typhoid | - |
| <input checked="" type="checkbox"/> Polio | August 2014 | <input type="checkbox"/> Japanese Encephalitis | - |
| <input checked="" type="checkbox"/> Hepatitis B | December 2014 | <input type="checkbox"/> Rabies | - |
| <input checked="" type="checkbox"/> Hepatitis A | December 2014 | <input type="checkbox"/> Other | - |
| <input type="checkbox"/> Yellow Fever | - | | |

JH
27/7/24.

Questions concerning women only:

Have you ever had an abnormal pap smear?

Yes No

Are you pregnant?

No



Yes No

BREATHING RELATED QUESTIONNAIRE (If medically indicated)
To be completed by the patient

RESPIRATORY DISORDERS

1. COUGH

A. Do you usually cough? Especially in the morning on waking or at night

Yes
 No

B. How many years have you had this cough?

0

2. EXPECTORANTS (sputum)

A. Do you usually cough up phlegm from your lungs or do you have periods that last longer than three weeks?

Yes
 No

3. WHISTLE IN THE LUNGS

A. Do you sometimes hear whistling in your lungs?

Yes
 No

B. How many years have you been suffering from this?

C. Have you ever had an attack of wheezing?

Yes
 No

4. BREATHLESSNESS

A. If you suffer from any disease other than heart or lung disease that prevents you from walking normally, please describe it:

N/A

B. Do you walk slower than people of your age on level ground because you become short of breath?

Yes

HENNER, SAS de courtage et de gestion d'assurances - Capital de 8 212 500 € - RCS Nanterre 323 377 739 - TVA intra-communautaire FR 48323377739 - Immatriculation ORIAS n° 07.002.039 - Relevant du contrôle de l'ACPR - Entreprise certifiée ISO 9001 par le Bureau Veritas Certification - Siège social : 14 bld du Général Leclerc 92200 Neuilly-sur-Seine - www.henner.com



No

MEDICAL HISTORY

1. Have you ever contracted a lung disease?

Yes
 No

2. Have you ever suffered from pneumonia? (Counting bronchopneumonia)

Yes
 No

3. Have you ever had hay fever or respiratory allergy?

Yes
 No

4. Have you ever had chronic bronchitis or emphysema?

Yes
 No

5. Have you ever had asthma (or bronchiolitis for children)?

Yes
 No

6. Have you ever suffered from pulmonary tuberculosis ?

Yes
 No

7. Have you ever had sinus disorder ?

Yes
 No

8. Have you ever been diagnosed with heart problems?

Yes
 No

9. Have you ever been diagnosed with high blood pressure?

Yes
 No

SIGNATURE 

Name: Audrey Semenov
Date: 19/07/2021

(Signature)

HENNER, SAS de courtage et de gestion d'assurances - Capital de 8 212 500 € - RCS Nanterre 323 377 739 - TVA intra-communautaire FR 48323377739 - Immatriculation ORIAS n° 07.002.039 - Relevant du contrôle de l'ACPR - Entreprise certifiée ISO 9001 par le Bureau Veritas Certification - Siège social : 14 bld du Général Leclerc 92200 Neuilly-sur-Seine - www.henner.com



Second part - TO BE COMPLETED BY THE EXAMINING PHYSICIAN

(According to the protocol included in the letter of guarantee)

VACCINATIONS TO UPDATE

Only indicate the vaccination(s) performed during this examination

- | | |
|--|---|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Yellow Fever |
| <input type="checkbox"/> Tetanus | <input type="checkbox"/> Typhoid |
| <input type="checkbox"/> Polio | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Pertussis |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Others: | |

CLINICAL EXAMINATION

Height 176 cm
 Weight 80.6 kg
 Umbilical perimeter 92 cm
 Blood Pressure 126/79 mm Hg
 Pulse 78/min reg.

Medical report / comments (Patient did not bring his vaccination records.)

General examination - NAD - Cardiorespiratory - unremarkable.

Abdo exam - No organomegaly or masses palpable.

later
set 6
clim
and s/b

Dr 27/7/24

JTH

PARA-CLINICAL EXAMINATION

- | | | |
|--|--|-----------------------------------|
| Resting ECG | Normal <input checked="" type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Visual Test | Normal <input checked="" type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Audiogram (for employee only) | Normal <input checked="" type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Chest x-ray (if medical indication or administrative obligation) | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |
| Spirometry (if medically indicated) | Normal <input type="checkbox"/> | Abnormal <input type="checkbox"/> |

Normal	Abnormal
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>



BLOOD ANALYSIS

		AST
Complete blood count (RBC, Haemoglobin, Haematocrit, WBC with differential	Normal.	SGOT/SGPT = AST/ALT = 40 / 20 u/L
Blood type and Rhesus (only for departure checkup if no official blood type card available)	AB Negative	Gamma GT 23 u/L
Fasting Blood glucose	5.1 mmol/L	Blood creatinin 104 µmol/L
Blood total cholesterol	6.5 mmol/L	CRP 1.9 mg/L
HDL/LDL cholesterol	1.34/4.51 mmol/L	PSA (Plus 45 ans)
Tryglicerids	1.41 mmol/L	

URINE ANALYSIS

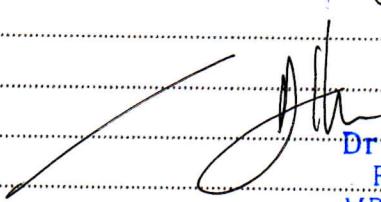
Sugar..... **Nil**
 Albumin..... **Nil**
 Blood..... **Nil**
 Ketones..... **Nil**
 Nitrates..... **Negative**
 Leucocytes..... **Nil**

SEROLOGY RESULTS (WITH PATIENT'S CONSENT)

HIV Serology: **Not detected**
 Hepatitis A Serology profile: **Anti HAV detected**
 Hepatitis B Serology profile: **HBsAg not detected, HBsAb 23 IU/L**
 Hepatitis C Serology profile: **Anti HCV not detected**

COMMENTS:

Moderate hypercholesterolemie and hyperuricémie.
 In else.


Dr Hjh Harni Hj Awg Bahar
 Family Medicine Physician
 MBChB, MScPHC, MRCPGP [INT]
 BMB No: M-01123



SIGNATURE	STAMP
	

Date of medical examination (day/month/year)

19 JULY 2024

EXAMINING PHYSICIAN'S NAME AND ADDRESS

Name of Medical Center: **Dr. Hjh. Harni Hj. Awg Bahar**

Address: **Family Medicine Physician**

C5 - C6, Ground Floor
Jerudong Center, Spg 461
Jalan Jerudong BG 3122
Phone: +673 2610989
Mobile: +673 7328577
VITALIV
HEALTH AND WELLNESS CLINIC Email: info@vita.vhwc.com

MBChB, MScPHC, MRCGP [INT]

Country and City of the Medical Center: **BMB No: M-01123**

Last name: First name:

Telephone:

E-mail:



VISION TEST

ANDREY SEMENOV - 51-510415
 DOB: 10-Sep-1985 / 38y Male
 Nationality:
 Date: 19 Jul 2024

ISHIHARA-24 COLOUR VISION TEST SCORE

Plate No	Patient response	Normal Result	PROTAN	DEUTAN
1	12	12	12	12
2	8	8	3	3
3	6	6	5	5
4	29	29	70	70
5	57	57	35	35
6	5	5	2	2
7	3	3	5	5
8	15	15	17	17
9	74	74	21	21
10	2	2	-	-
11	9	9	-	-
12	97	97	-	-
13	45	45	-	-
14	5	5	-	-
15	7	7	-	-
16	16	16	-	-
17	73	73	-	-
18	-	-	5	5
19	-	-	2	2
20	-	-	45	45
21	-	-	73	73
22	26	26	6	2
23	42	42	2	4
24	35	35	5	3

	DISTANT			NEAR		
	R	L	BOTH EYES	R	L	BOTH EYES
UNCORRECTED	-	-	-	-	-	-
CORRECTED	6/9	6/9	6/9	71	71	71

(pt use contacts)

Test done by: MA Azminna

Date: 19/07/2024

enhancing health and vitality of individuals and community through providing holistic healthcare





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KB Branch
Unit 117, First Floor
Seaview Hotel
Pandan,
3678 Jalan Maulana
Kuala Belait KA2931
Phone: +6733200969
Mobile: +6738370969
Fax: +6733200989
website: www.vitalivhwc.com
email: info@vitalivhwc.com

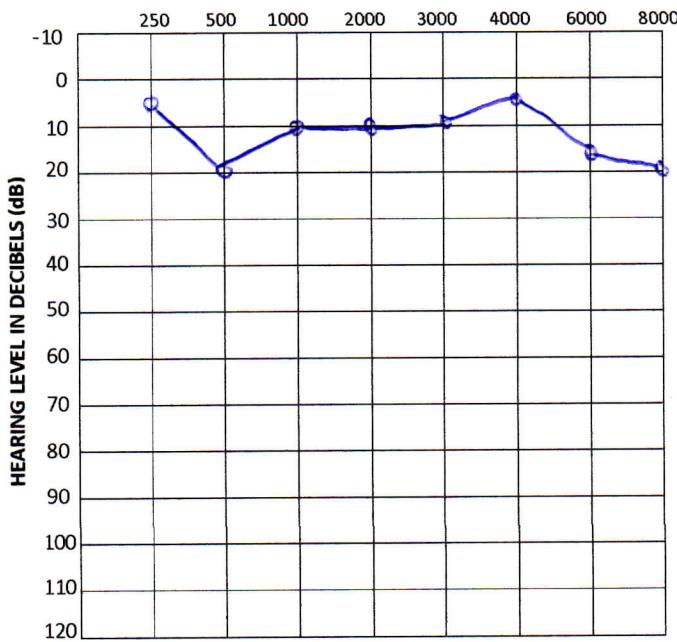
Full Name : Andrey Semenov
Date Of Birth : 10/9/1985 (35y.o)

Date : 19/11/2024
IC No: B1-510415

PURE TONE AUDIOPGRAM

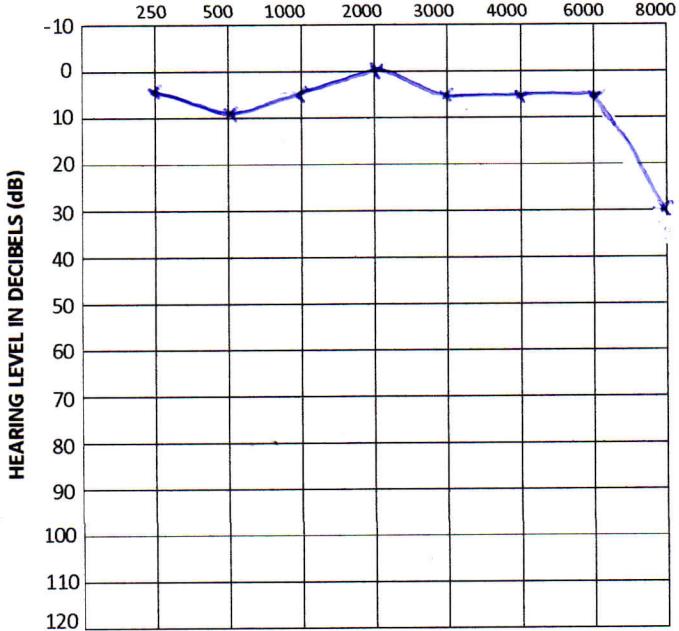
RIGHT EAR

FREQUENCY IN HERTZ (Hz)



LEFT EAR

FREQUENCY IN HERTZ (Hz)



Comments:

PTA: (R) Normal hearing.
(L) Normal hearing.

Recommendations:



Test done by:

tifaq'

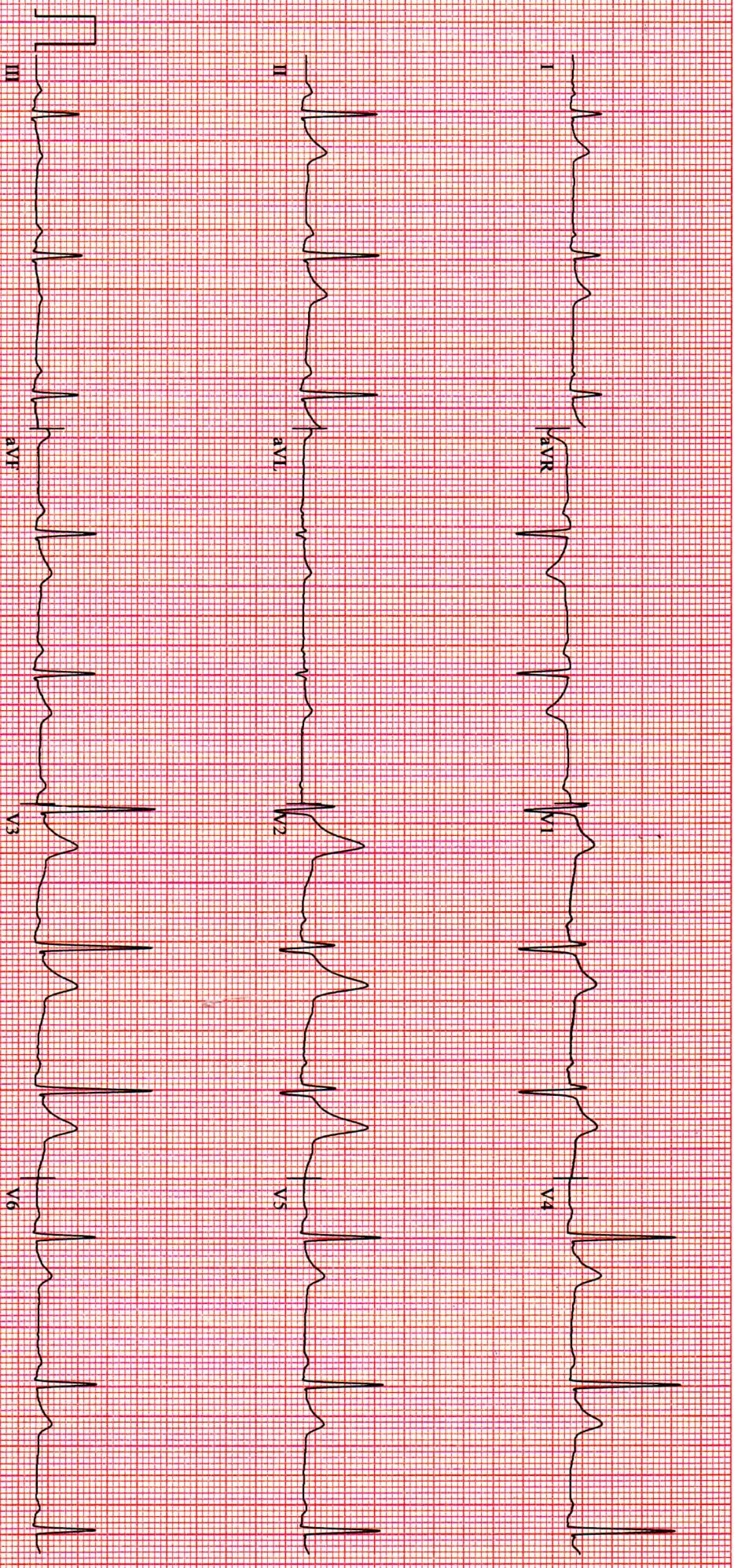
Test requested by:

Self-referral

SEMENOV, ANDREY
 Patient ID: 51-510415
 19.07.2024
 10:27:17
 Male 176 cm 80.6 kg
 38yrs

Vent. Rate 64 bpm
 PR interval 176ms
 QRS duration 90ms
 QT/QTC 396/408ms
 P-R-T axes 71/65/47°
 P duration 122ms
 RR/PP interval 934/935ms

Technician: Azmina



GE CASE V6.51(0)
 25mm/s 10mm/mV 0.01201Hz 50Hz Spline 12SL 201

Unconfirmed

Attending MD DR HJH KARNI

Page 1

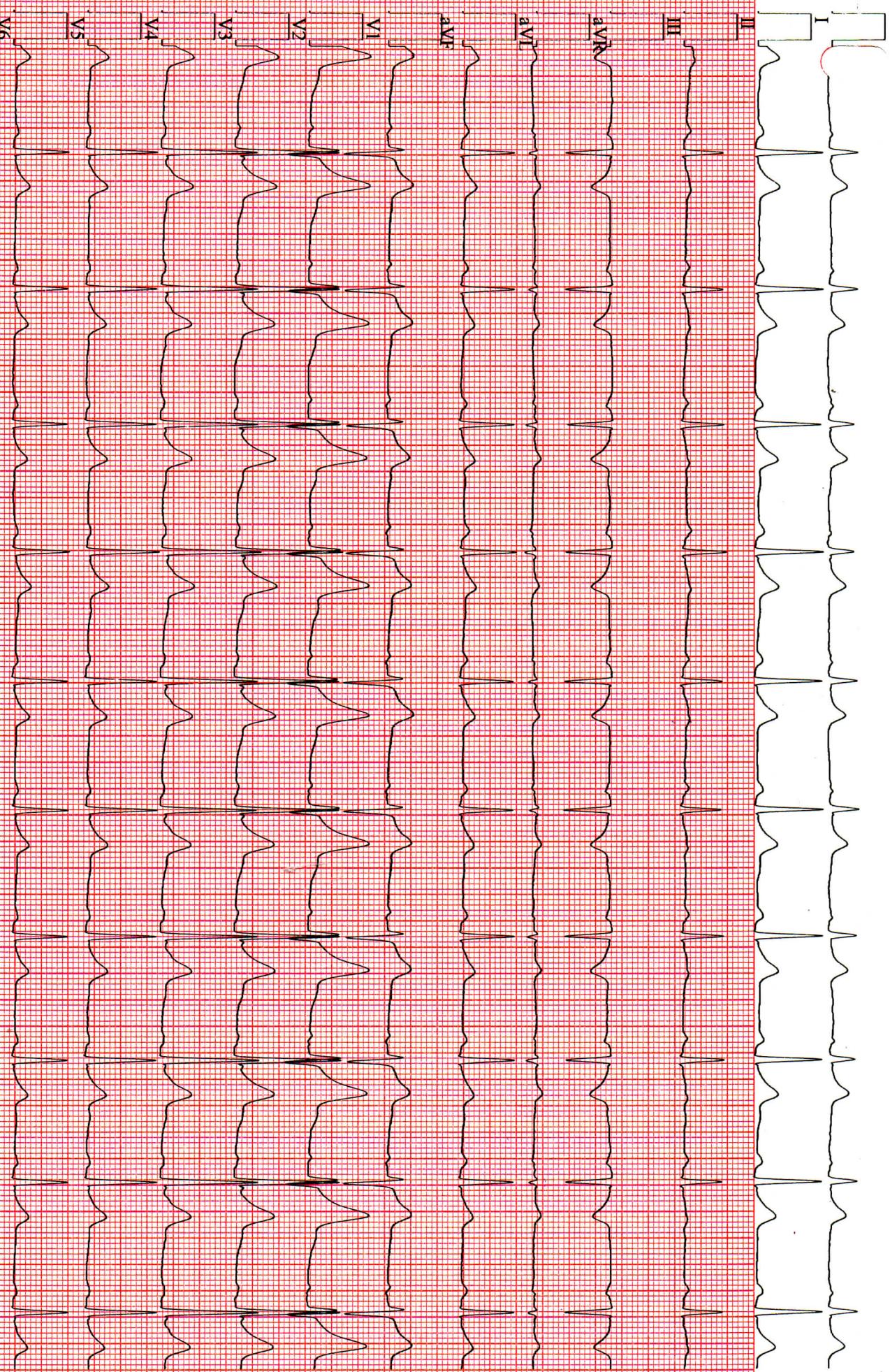
SEMENOV ANDREY

Patient ID: 51-510415
19.07.2024
10:28:04

REST ECG / Rhythm Report

VITALIV Health and Wellness Cli

60 bpm



P/N 2009828-024
GE
CASE V651

25mm/s 10mm/mV 0.01-20Hz 50Hz Spline

PRINTED IN U.S.A.

Start of Test 10:27:17

1

Hospital Anxiety and Depression Scale (HADS)

Tick the box beside the reply that is closest to how you have been feeling in the past week.

D	A		D	A	
		I feel tense or 'wound up':			I feel as if I am slowed down:
3	Most of the time		3		Nearly all the time
2	A lot of the time		2		Very often
1	From time to time, occasionally		1		Sometimes
0	Not at all		0		Not at all
		I still enjoy the things I used to enjoy:			I get a sort of frightened feeling like 'butterflies' in the stomach:
0	Definitely as much		0		Not at all
1	Not quite so much		1		Occasionally
2	Only a little		2		Quite Often
3	Hardly at all		3		Very Often
		I get a sort of frightened feeling as if something awful is about to happen:			I have lost interest in my appearance:
3	Very definitely and quite badly		3		Definitely
2	Yes, but not too badly		2		I don't take as much care as I should
1	A little, but it doesn't worry me		1		I may not take quite as much care
0	Not at all		0		I take just as much care as ever
		I can laugh and see the funny side of things:			I feel restless as I have to be on the move:
0	As much as I always could		3		Very much indeed
1	Not quite so much now		2		Quite a lot
2	Definitely not so much now		1		Not very much
3	Not at all		0		Not at all
		Worrying thoughts go through my mind:			I look forward with enjoyment to things:
3	A great deal of the time		0		As much as I ever did
2	A lot of the time		1		Rather less than I used to
1	From time to time, but not too often		2		Definitely less than I used to
0	Only occasionally		3		Hardly at all
		I feel cheerful:			I get sudden feelings of panic:
3	Not at all		3		Very often indeed
2	Not often		2		Quite often
1	Sometimes		1		Not very often
0	Most of the time		0		Not at all
		I can sit at ease and feel relaxed:			I can enjoy a good book or radio or TV program:
0	Definitely		0		Often
1	Usually		1		Sometimes
2	Not Often		2		Not often
3	Not at all		3		Very seldom

Total : A: 3

D: 2

