

# DASS<sub>21</sub>

Name:

Date:

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you *over the past week*. There are no right or wrong answers. Do not spend too much time on any statement.

*The rating scale is as follows:*

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1	<del>I found it hard to wind down</del>	0	1	2	3
2	I was aware of dryness of my mouth	0	1	2	3
3	I couldn't seem to experience any positive feeling at all	0	1	2	3
4	I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5	<del>I found it difficult to work up the initiative to do things</del>	0	1	2	3
6	I tended to over-react to situations	0	1	2	3
7	<del>I experienced trembling (eg, in the hands)</del>	0	1	2	3
8	I felt that I was using a lot of nervous energy	0	1	2	3
9	<del>I was worried about situations in which I might panic and make a fool of myself</del>	0	1	2	3
10	I felt that I had nothing to look forward to	0	1	2	3
11	<del>I found myself getting agitated</del>	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	<del>I felt down-hearted and blue</del>	0	1	2	3
14	<del>I was intolerant of anything that kept me from getting on with what I was doing</del>	0	1	2	3
15	<del>I felt I was close to panic</del>	0	1	2	3
16	<del>I was unable to become enthusiastic about anything</del>	0	1	2	3
17	I felt I wasn't worth much as a person	0	1	2	3
18	I felt that I was rather touchy	0	1	2	3
19	<del>I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)</del>	0	1	2	3
20	I felt scared without any good reason	0	1	2	3
21	<del>I felt that life was meaningless</del>	0	1	2	3