Health-Related Questionnaires

A. PITTSBURGH SLEEP QUALITY INDEX (PSQI)

OVERVIEW

The Pittsburgh Sleep Quality Index (PSQI) was developed by Daniel J Buysse and collaborators to measure quality of sleep and to help discriminate between individuals who experience poor sleep versus individuals who sleep well. The scale has several domains which include Subjective Sleep Quality, Sleep Latency, Sleep Duration, Habitual Sleep Efficiency, Sleep Disturbances, Use of Sleep Medication, and Day Time Dysfunction. The scale has two parts: 19 self-rated questions, utilized to rate the scale, and 5 questions rated by a bed partner. Most of the items are organized in multiple choice questions and are brief and easy to understand and answer. The PSQI questions are rated from 0 = no difficulty to 3 = severe difficulty generating scores that correspond to the domains of the scale. The scores range from 0-21 and the authors suggest that a score >5 be considered as a significant sleep disturbance.

GENERAL APPLICATIONS

The PSQI was developed to provide an accurate measure of sleep quality.

SELECTED PSYCHOMETRIC PROPERTIES

The reliability of the scale is considered good with Cronbach's alpha of 0.83 for the total score. Test-retest reliability is also considered good. The validity of the scale has been described by the authors as good with a sensitivity of 89.6% and a specificity of 86.5% of patient versus control subjects.

REFERENCES

Buysse DJ, Reynolds CF 3rd, Monk TH, et al, "The Pittsburgh Sleep Quality Index: A New Instrument for Psychiatric Practice and Research," *Psychiatry Res*, 1989, 28(2):193-213.

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SCALE GENERALLY DONE BY

The scale has two parts. The first part is self rated and the second is rated by a bed partner. The scale can also be given by a clinician or research assistant.

TIME TO COMPLETE SCALE

5-10 minutes

REPRESENTATIVE STUDY UTILIZING SCALE

Stein MB, Kroft CD, and Walker JR, "Sleep Impairment in Patients With Social Phobia," *Psychiatry Res*, 1993, 49(3):251-6.

Subject's Initials_____ ID# _____ Date _____ Time _____ AM PM

PITTSBURGH SLEEP QUALITY INDEX

Instructions:
The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. Please answer all questions.

1. During the past month, what time have you usually gone to bed at night?

   BED TIME _____

2. During the past month, how long (in minutes) has it usually taken you to fall asleep each night?

   NUMBER OF MINUTES _____

3. During the past month, what time have you usually gotten up in the morning?

   GETTING UP TIME _____

4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.)

   HOURS OF SLEEP PER NIGHT _____

For each of the remaining questions, check the one best response. Please answer all questions.

5. During the past month, how often have you had trouble sleeping because you .....

   a) Cannot get to sleep within 30 minutes

Not during the past month ____	Less than once a week ____	Once or twice a week ____	Three or more times a week ____

   b) Wake up in the middle of the night or early morning

Not during the past month ____	Less than once a week ____	Once or twice a week ____	Three or more times a week ____

   c) Have to get up to use the bathroom

Not during the past month ____	Less than once a week ____	Once or twice a week ____	Three or more times a week ____

   d) Cannot breath comfortably

Not during the past month ____	Less than once a week ____	Once or twice a week ____	Three or more times a week ____

   e) Cough or snore loudly

Not during the past month ____	Less than once a week ____	Once or twice a week ____	Three or more times a week ____

A. PITTSBURGH SLEEP QUALITY INDEX (PSQI) *(Continued)*

f) Feel too cold

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

g) Feel too hot

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

h) Had bad dreams

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

i) Have pain

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

j) Other reason(s), please describe _____

_____

How often during the past month have you had trouble sleeping because of this?

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

6. During the past month, how would you rate your sleep quality overall?

Very good _____

Fairly good _____

Fairly bad _____

Very bad _____

7. During the past month, how often have you taken medicine to help you sleep (prescribed or "over-the-counter")?

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

8. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

9. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

No problem at all _____

Only a very slight problem _____

Somewhat of a problem _____

A very big problem _____

10. Do you have a bed partner or room mate?

No bed partner or room mate _____

Partner / room mate in other room _____

Partner in same room, but not same bed _____

Partner in same bed _____

If you have a room mate or bed partner, ask him / her how often in the past month you have had.....

a) Loud snoring

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

b) Long pauses between breaths while asleep

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

c) Legs twitching or jerking while asleep

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

d) Episodes of disorientation or confusion during sleep

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

e) Other restlessness while you sleep; please describe _____

_____

Not during the past month ____ Less than once a week ____ Once or twice a week ____ Three or more times a week ____

Patient Health Questionnaire™ (PHQ)

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

Name_____ **Age**_____ **Sex:** ☐ **Female** ☐ **Male** **Today's Date**_____

1. **During the last 4 weeks, how much have you been bothered by any of the following problems?**	**Not bothered**	**Bothered a little**	**Bothered a lot**
a. Stomach pain	☐	☐	☐
b. Back pain	☐	☐	☐
c. Pain in your arms, legs, or joints (knees, hips, etc)	☐	☐	☐
d. Menstrual cramps or other problems with your periods	☐	☐	☐
e. Pain or problems during sexual intercourse	☐	☐	☐
f. Headaches	☐	☐	☐
g. Chest pain	☐	☐	☐
h. Dizziness	☐	☐	☐
i. Fainting spells	☐	☐	☐
j. Feeling your heart pound or race	☐	☐	☐
k. Shortness of breath	☐	☐	☐
l. Constipation, loose bowels, or diarrhea	☐	☐	☐
m. Nausea, gas, or indigestion	☐	☐	☐

2. **Over the last 2 weeks, how often have you been bothered by any of the following problems?**	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed, or hopeless	☐	☐	☐	☐
c. Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself, or that you are a failure, or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
h. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	☐	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐

FOR OFFICE CODING: Som Dis if at least three of #1a-m are "a lot" and lack an adequate biol explanation. Maj Dep Syn if answers to #2a or b and five or more of #2a-i are at least "More than half the days" (count #2i if present at all). Other Dep Syn if #2a or b and two, three, or four of #2a-i are at least "More than half the days" (count #2i if present at all).

3. Questions about anxiety.

		NO	YES
a.	In the last 4 weeks, have you had an anxiety attack — suddenly feeling fear or panic?	☐	☐
	If you checked "NO", go to question #5.		
b.	Has this ever happened before?	☐	☐
c.	Do some of these attacks come suddenly out of the blue — that is, in situations where you don't expect to be nervous or uncomfortable?	☐	☐
d.	Do these attacks bother you a lot or are you worried about having another attack?	☐	☐

4. Think about your last bad anxiety attack.

		NO	YES
a.	Were you short of breath?	☐	☐
b.	Did your heart race, pound, or skip?	☐	☐
c.	Did you have chest pain or pressure?	☐	☐
d.	Did you sweat?	☐	☐
e.	Did you feel as if you were choking?	☐	☐
f.	Did you have hot flashes or chills?	☐	☐
g.	Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	☐	☐
h.	Did you feel dizzy, unsteady, or faint?	☐	☐
i.	Did you have tingling or numbness in parts of your body?	☐	☐
j.	Did you tremble or shake?	☐	☐
k.	Were you afraid you were dying?	☐	☐

5. Over the last 4 weeks, how often have you been bothered by any of the following problems?		**Not at all**	**Several days**	**More than half the days**
a.	Feeling nervous, anxious, on edge, or worrying a lot about different things	☐	☐	☐
	If you checked "Not at all", go to question #6.			
b.	Feeling restless so that it is hard to sit still	☐	☐	☐
c.	Getting tired very easily	☐	☐	☐
d.	Muscle tension, aches, or soreness	☐	☐	☐
e.	Trouble falling asleep or staying asleep	☐	☐	☐
f.	Trouble concentrating on things, such as reading a book or watching TV	☐	☐	☐
g.	Becoming easily annoyed or irritable	☐	☐	☐

FOR OFFICE CODING: Pan Syn if all of #3a-d are 'YES' and four or more of #4a-k are 'YES'. Other Anx Syn if #5a and answers to three or more of #5b-g are "More than half the days".

6. Questions about eating.

	NO	YES
a. Do you often feel that you can't control what or how much you eat?	☐	☐
b. Do you often eat, within any 2-hour period, what most people would regard as an unusually large amount of food?	☐	☐

If you checked 'NO' to either #a or #b, go to question #9.

c. Has this been as often, on average, as twice a week for the last 3 months?	☐	☐

7. In the last 3 months have you often done any of the following in order to avoid gaining weight ?

	NO	YES
a. Made yourself vomit?	☐	☐
b. Took more than twice the recommended dose of laxatives?	☐	☐
c. Fasted — not eaten anything at all for at least 24 hours?	☐	☐
c. Exercised for more than an hour specifically to avoid gaining weight after binge eating?	☐	☐

8. If you checked "YES" to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week?	☐	☐

9. Do you ever drink alcohol (including beer or wine)?	☐	☐

If you checked "NO" go to question #11.

10. Have any of the following happened to you more than once in the last 6 months?

	NO	YES
a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health	☐	☐
b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities	☐	☐
c. You missed or were late for work, school, or other activities because you were drinking or hung over	☐	☐
d. You had a problem getting along with other people while you were drinking	☐	☐
e. You drove a car after having several drinks or after drinking too much	☐	☐

11. If you checked off any problems on this questionnaire, how difficult have these pro for you to do your work, take care of things at home, or get along with other peopl

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
☐	☐	☐	☐

FOR OFFICE CODING: Bul Ner if #6a,b, and-c and #8 are all 'YES'; Bin Eat Dis the same but #8 either 'NO' or left blank. Alc Abu if any of #10a-e is 'YES'.

12. In the last 4 weeks, how much have you been bothered by any of the following problems?	**Not bothered**	**Bothered a little**	**Bothered a lot**
a. Worrying about your health	☐	☐	☐
b. Your weight or how you look	☐	☐	☐
c. Little or no sexual desire or pleasure during sex	☐	☐	☐
d. Difficulties with husband/wife, partner/lover or boyfriend/girlfriend	☐	☐	☐
e. The stress of taking care of children, parents, or other family members	☐	☐	☐
f. Stress at work outside of the home or at school	☐	☐	☐
g. Financial problems or worries	☐	☐	☐
h. Having no one to turn to when you have a problem	☐	☐	☐
i. Something bad that happened recently	☐	☐	☐
j. Thinking or dreaming about something terrible that happened to you in the past - like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act	☐	☐	☐

	NO	**YES**
13. In the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act?	☐	☐

14. What is the most stressful thing in your life right now? _____

_____

	NO	**YES**
15. Are you taking any medicine for anxiety, depression or stress?	☐	☐

16. FOR WOMEN ONLY: Questions about menstruation, pregnancy and childbirth.

a. Which best describes your menstrual periods?

Periods are unchanged	**No periods because pregnant or recently gave birth**	**Periods have become irregular or changed in frequency, duration or amount**	**No periods for at least a year**	**Having periods because taking hormone replacement (estrogen) therapy or oral contraceptive**
☐	☐	☐	☐	☐

	NO (or does not apply)	**YES**
b. During the week before your period starts, do you have a serious problem with your mood - like depression, anxiety, irritability, anger or mood swings?	☐	☐
If YES: Do these problems go away by the end of your period?	☐	☐
Have you given birth within the last 6 months?	☐	☐
Have you had a miscarriage within the last 6 months?	☐	☐
Are you having difficulty getting pregnant?	☐	☐

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr. Spitzer at rls8@columbia.edu. The names PRIME-MD® and PRIME-MD TODAY® are trademarks of Pfizer Inc.

INSOMNIA SEVERITY INDEX

Name: _____ Date: _____

Please answer each of the questions below by circling the number that best describes your sleep patterns. Please answer all the questions.

1. Please rate the current (last 2 weeks) **severity** of your insomnia problems.

	None	**Mild**	**Moderate**	**Severe**	**Very Severe**
Difficulty falling asleep	0	1	2	3	4
Difficulty staying asleep	0	1	2	3	4
Problem waking up too early	0	1	2	3	4

2. How **Satisfied/Dissatisfied** are you with your sleep pattern?

Very Satisfied 0 1 2 3 4 Very Dissatisfied

3. To what extent do you think your sleep problem **interfere** with your daily functioning (daytime fatigue, ability to function at work or daily chores, concentration, memory, mood, etc)?

Does Not Interfere 0 1 2 3 4 Significant Interfering

4. How **noticeable** to others are your sleeping problem in terms of impairing the quality of your life?

Not at all Noticeable 0 1 2 3 4 Very Noticeable

5. How **worried/distressed** are you about your current sleep problem?

Not at all 0 1 2 3 4 Very Distressed

SF-36(tm) Health Survey

Instructions for completing the questionnaire: Please answer every question. Some questions may look like others, but each one is different. Please take the time to read and answer each question carefully by filling in the bubble that best represents your response.

[redacted] _____

[redacted] _____ Date: _____

[redacted] _____

1. In general, would you say your health is:

   - ❑ Excellent
   - ❑ Very good
   - ❑ Good
   - ❑ Fair
   - ❑ Poor

2. Compared to one year ago, how would you rate your health in general now?

   - ❑ Much better now than a year ago
   - ❑ Somewhat better now than a year ago
   - ❑ About the same as one year ago
   - ❑ Somewhat worse now than one year ago
   - ❑ Much worse now than one year ago

3. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

   a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports.
      - ❑ Yes, limited a lot.
      - ❑ Yes, limited a little.
      - ❑ No, not limited at all.

   b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf?
      - ❑ Yes, limited a lot.
      - ❑ Yes, limited a little.
      - ❑ No, not limited at all.

   c. Lifting or carrying groceries.
      - ❑ Yes, limited a lot.
      - ❑ Yes, limited a little.
      - ❑ No, not limited at all.

   d. Climbing several flights of stairs.
      - ❑ Yes, limited a lot.
      - ❑ Yes, limited a little.
      - ❑ No, not limited at all.

   e. Climbing one flight of stairs.
      - ❑ Yes, limited a lot.
      - ❑ Yes, limited a little.
      - ❑ No, not limited at all.

   f. Bending, kneeling or stooping.
      - ❑ Yes, limited a lot.
      - ❑ Yes, limited a little.
      - ❑ No, not limited at all.

g. Walking more than one mile.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

h. Walking several blocks.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

i. Walking one block.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

j. Bathing or dressing yourself.
- ❑ Yes, limited a lot.
- ❑ Yes, limited a little.
- ❑ No, not limited at all.

4. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

a. Cut down the amount of time you spent on work or other activities?
☐ Yes ☐ No

b. Accomplished less than you would like?
☐ Yes ☐ No

c. Were limited in the kind of work or other activities
☐ Yes ☐ No

d. Had difficulty performing the work or other activities (for example, it took extra time)
☐ Yes ☐ No

5. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

a. Cut down the amount of time you spent on work or other activities?
☐ Yes ☐ No

b. Accomplished less than you would like
☐ Yes ☐ No

c. Didn't do work or other activities as carefully as usual
☐ Yes ☐ No

6. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?
- ❑ Not at all
- ❑ Slightly
- ❑ Moderately
- ❑ Quite a bit
- ❑ Extremely

7. How much bodily pain have you had during the past 4 weeks?
- ❑ Not at all
- ❑ Slightly
- ❑ Moderately
- ❑ Quite a bit
- ❑ Extremely

8. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- ❑ Not at all
- ❑ Slightly
- ❑ Moderately
- ❑ Quite a bit
- ❑ Extremely

9. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks.

a. did you feel full of pep?
- ❑ All of the time
- ❑ Most of the time
- ❑ A good bit of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

b. have you been a very nervous person?
- ❑ All of the time
- ❑ Most of the time
- ❑ A good bit of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

c. have you felt so down in the dumps nothing could cheer you up?
- ❑ All of the time
- ❑ Most of the time
- ❑ A good bit of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

d. have you felt calm and peaceful?
- ❑ All of the time
- ❑ Most of the time
- ❑ A good bit of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

e. did you have a lot of energy?
- ❑ All of the time
- ❑ Most of the time
- ❑ A good bit of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

f. have you felt downhearted and blue?
- ❑ All of the time
- ❑ Most of the time
- ❑ A good bit of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

g. did you feel worn out?
- ❑ All of the time
- ❑ Most of the time
- ❑ A good bit of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

h. have you been a happy person?
- ❑ All of the time
- ❑ Most of the time
- ❑ A good bit of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

i. did you feel tired?
- ❑ All of the time
- ❑ Most of the time
- ❑ A good bit of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

10. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc.)?
- ❑ All of the time
- ❑ Most of the time
- ❑ Some of the time
- ❑ A little of the time
- ❑ None of the time

11. How TRUE or FALSE is each of the following statements for you?

a. I seem to get sick a little easier than other people
- ❑ Definitely true
- ❑ Mostly true
- ❑ Don't know
- ❑ Mostly false
- ❑ Definitely false

b. I am as healthy as anybody I know
- ❑ Definitely true
- ❑ Mostly true
- ❑ Don't know
- ❑ Mostly false
- ❑ Definitely false

c. I expect my health to get worse
- ❑ Definitely true
- ❑ Mostly true
- ❑ Don't know
- ❑ Mostly false
- ❑ Definitely false

d. My health is excellent
- ❑ Definitely true
- ❑ Mostly true
- ❑ Don't know
- ❑ Mostly false
- ❑ Definitely false

Name:
Date:

THE GENERAL HEALTH QUESTIONNAIRE

GHQ28

David Goldberg

Please read this carefully.

We should like to know if you have had any medical complaints and how your health has been in general, *over the past few weeks.* Please answer ALL the questions on the following pages simply by underlining the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer ALL the questions.

Thank you very much for your co-operation.

Have you recently

A1	**been feeling perfectly well and in good health?**	Better than usual	Same as usual	Worse than usual	Much worse than usual
A2	**been feeling in need of a good tonic?**	Not at all	No more than usual	Rather more than usual	Much more than usual
A3	**been feeling run down and out of sorts?**	Not at all	No more than usual	Rather more than usual	Much more than usual
A4	**felt that you are ill?**	Not at all	No more than usual	Rather more than usual	Much more than usual
A5	**been getting any pains in your head?**	Not at all	No more than usual	Rather more than usual	Much more than usual
A6	**been getting a feeling of tightness or pressure in your head?**	Not at all	No more than usual	Rather more than usual	Much more than usual
A7	**been having hot or cold spells?**	Not at all	No more than usual	Rather more than usual	Much more than usual

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B1	**lost much sleep over worry?**	Not atall	No more than usual	Rather more than usual	Much more than usual
B2	**had dlfficulty in staying asleep once you are off?**	Not at all	No more than usual	Rather more than usual	Much more than usual
B3	**felt constantly under strain?**	Not at all	No more than usual	Rather more than usual	Much more than usual
B4	**been getting edgy and bad-tempered?**	Not at all	No more than usual	Rather more than usual	Much more than usual
B5	**been getting scared or panicky for no good reason?**	Not at all	No more than usual	Rather more than usual	Much more than usual
B6	**found everything getting on top of you?**	Not at all	No more than usual	Rather more than usual	Much more than usual
B7	**been feeling nervous and strung-up all the time?**	Not at all	No more than usual	Rather more than usual	Much more than usual

Please turn over

Have you recently

C1	**been managing to keep yourself busy and occupied?**	More so than usual	Same asusual	Rather less than usual	Much less than usual
C2	**been taking longer over the things you do?**	Quicker than usual	Same as usual	Longer than usual	Much longer than usual
C3	**felt on the whole you were doing things well?**	Better than usual	About the same	Less well than usual	Much less well
C4	**been satisfied with the way you've carried out your task?**	More satisfied	About same as usual	Less satisfied than usual	Much less satisfied
C5	**felt that you are playing a useful part in things?**	More so than usual	Same as usual	Less useful than usual	Much less useful
C6	**felt capable of making decisions about things?**	More so than usual	Same as usual	Less so thanusual	Much less capable
C7	**been able to enjoy your normal day-to-day activities?**	More so than usual	Same as usual	Less so than usual	Much less than usual

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D1	**been thinking of yourself as a worthless person?**	Not at all	No more than usual	Rather more than usual	Much more than usual
D2	**felt that life is entirely hopeless?**	Not atall	No more than usual	Rather more than usual	Much more than usual
D3	**felt that life isn't worth living?**	Not at all	No more than usual	Rather more than usual	Much more than usual
D4	**thought of the possibility that you might make away with yourself?**	Definitely not	I don't thinkso	Has crossed my mind	Definitely have
D5	**found at times you couldn't do anything because your nerves were too bad?**	Not atall	No more than usual	Rather more than usual	Much more than usual
D6	**found yourself wishing you were dead and away from it all?**	Not at all	Nomore than usual	Rather more than usual	Much more than usual
D7	**found that the idea of taking your own life kept coming into your mind?**	Definitely not	I don't think so	Has crossed my mind	Definitely has

A	B	C	D	Total