


Core Final Form								
Patient Name	:	DEEPIKA SURI BABU NAGINENI		Emirates ID	:	784-1997-5935831-2		
File No	:	25	DOB	:	1997-06-09	Nationality	:	Indian
Gender	:	Female	Doctor's Name	:	Amirtha Patel	Date	:	2024-05-01

No	Over The Last Week	Not at All	Only Occasionally	Sometimes	Often	Most or All Of The Time
1.	I have felt tense, anxious or nervous	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
2.	I have felt I have Someone to turn to for support when needed	<input type="radio"/> 4	<input checked="" type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
3.	I have felt able to cope when things go wrong	<input type="radio"/> 4	<input checked="" type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1	<input type="radio"/> 0
4.	Talking to people has felt too much for me	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
5.	I have felt panic or terror	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
6.	I made plans to end my life	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
7.	I have had difficulty getting to sleep or staying sleep	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
8.	I have felt despairing or hope less	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
9.	I have felt unhappy	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
10.	Unwanted images or memories have been distressing me	<input type="radio"/> 0	<input checked="" type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
Total(Clinical Score*)		235				
Thank you for your time in completing this questionnaire						

Sign here, only if all of your questions have been answered to your satisfaction	
Patient	Doctor
	

<div>Patient Name</div> <div>DEEPIKA SURI BABU NAGINENI</div> <div>Date</div> <div>2024-05-01 (10:15 - 10:30 )</div>	<div>Doctor's Name</div> <div>Amirtha Patel</div> <div>Date</div> <div>2024-05-01 (10:15 - 10:30 )</div>
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