DA	SS-Y Name:	Age:	Dat	e:						
We would like to find out how you have been feeling in THE PAST WEEK. There are some sentences below. Please circle the number which best shows how TRUE each sentence was of you during the past week. There are no right or wrong answers.										
If the statement was NOT TRUE of you (in the past week), circle 0.										
If the statement was A LITTLE TRUE of you, circle 1.										
If the statement was FAIRLY TRUE of you, circle 2.										
If the statement was VERY TRUE of you, circle 3.		circle 3.								
1	I got upset about little things		0	1	2	3				
2	I felt dizzy, like I was about to faint		0	1	2	3				
3	I did not enjoy anything		0	1	2	3				
4	I had trouble breathing (e.g. fast breathing),	even though I	0	1	2	3				

1	I got upset about little things	0	1	2	3
2	I felt dizzy, like I was about to faint	0	1	2	3
3	I did not enjoy anything	0	1	2	3
4	I had trouble breathing (e.g. fast breathing), even though I wasn't exercising and I was not sick.	0	1	2	3
5	I hated my life	0	1	2	3
6	I found myself over-reacting to situations	0	1	2	3
7	My hands felt shaky	0	1	2	3
8	I was stressing about lots of things	0	1	2	3
9	I felt terrified	0	1	2	3
10	There was nothing nice I could look forward to	0	1	2	3
11	I was easily irritated	0	1	2	3
12	I found it difficult to relax	0	1	2	3
13	I could not stop feeling sad	0	1	2	3
14	I got annoyed when people interrupted me	0	1	2	3
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15	I felt like I was about to panic	0	1	2	3
16	I hated myself	0	1	2	3
17	I felt like I was no good	0	1	2	3
18	I was easily annoyed	0	1	2	3
19	I could feel my heart beating really fast, even though I hadn't done any hard exercise	0	1	2	3
20	I felt scared for no good reason	0	1	2	3
21	I felt that life was terrible	0	1	2	3