

Name \_\_\_\_\_  
 Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_

|  | None OR<br>a Little<br>of the Time | Some of<br>the Time | Good Part<br>of the Time | Most OR All<br>of the Time |
|--|------------------------------------|---------------------|--------------------------|----------------------------|
| 1. I feel down-hearted, blue and sad                                     |                                    |                     |                          |                            |
| 2. Morning is when I feel the best                                       |                                    |                     |                          |                            |
| 3. I have crying spells or feel like it                                  |                                    |                     |                          |                            |
| 4. I have trouble sleeping through the night                             |                                    |                     |                          |                            |
| 5. I eat as much as I used to  |                                    |                     |                          |                            |
| 6. I enjoy looking at, talking to and being<br>with attractive women/men |                                    |                     |                          |                            |
| 7. I notice that I am losing weight                                      |                                    |                     |                          |                            |
| 8. I have trouble with constipation                                      |                                    |                     |                          |                            |
| 9. My heart beats faster than usual                                      |                                    |                     |                          |                            |
| 10. I get tired for no reason  |                                    |                     |                          |                            |
| 11. My mind is as clear as it used to be                                 |                                    |                     |                          |                            |
| 12. I find it easy to do the things I used to                            |                                    |                     |                          |                            |
| 13. I am restless and can't keep still                                   |                                    |                     |                          |                            |
| 14. I feel hopeful about the future                                      |                                    |                     |                          |                            |
| 15. I am more irritable than usual                                       |                                    |                     |                          |                            |
| 16. I find it easy to make decisions                                     |                                    |                     |                          |                            |
| 17. I feel that I am useful and needed                                   |                                    |                     |                          |                            |
| 18. My life is pretty full   |                                    |                     |                          |                            |
| 19. I feel that others would be better off if I were dead                |                                    |                     |                          |                            |
| 20. I still enjoy the things I used to do                                |                                    |                     |                          |                            |