

INSTRUCTIONS: Listed below are 20 statements. Please read each one carefully and decide how much of the statement describes how you have been feeling during the past week. Decide whether the statement applies to you NONE OR A LITTLE OF THE TIME, SOME OF THE TIME, A GOOD PART OF THE TIME, OR MOST OR ALL OF THE TIME. Mark the appropriate column for each statement.

PLEASE USE A NO.2 PENCIL. BE SURE TO MAKE MARKS HEAVY AND DARK. ERASE COMPLETELY ANY MARKS YOU WISH TO CHANGE.

Table with 5 columns: None or a little of the time, Some of the time, A good part of the time, Most or ALL of the time. Rows 1-20: 1. I feel more nervous and anxious than usual. 2. I feel afraid for no reason at all. 3. I get upset easily or feel panicky. 4. I feel like I'm falling apart and going to pieces. 5. I feel that everything is all right and nothing bad will happen. 6. My arms and legs shake and tremble. 7. I am bothered by headaches, neck and back pains. 8. I feel weak and get tired easily. 9. I feel calm and can sit still easily. 10. I can feel my heart beating fast. 11. I am bothered by dizzy spells. 12. I have fainting spells or feel like it. 13. I can breathe in and out easily. 14. I get feelings of numbness and tingling in my fingers, toes. 15. I am bothered by stomachaches or indigestion. 16. I have to empty my bladder often. 17. My hands are usually dry and warm. 18. My face gets hot and blushes. 19. I fall asleep easily and get a good night's rest. 20. I have nightmares.