



# Feelings

Office Use Only

SOF ID#

Acrostic

Staff ID#

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Choose the best answer for how you have been feeling over the LAST MONTH.

1	Have you felt keyed up or on edge?	<input type="radio"/> Yes	<input type="radio"/> No
2	Have you been worrying a lot?	<input type="radio"/> Yes	<input type="radio"/> No
3	Have you been irritable?	<input type="radio"/> Yes	<input type="radio"/> No
4	Have you had difficulty relaxing?	<input type="radio"/> Yes	<input type="radio"/> No
5	Have you been sleeping poorly?	<input type="radio"/> Yes	<input type="radio"/> No
6	Have you had headaches or neckaches?	<input type="radio"/> Yes	<input type="radio"/> No
7	Have you had any of the following: trembling, tingling, dizzy spells, sweating, diarrhea or needing to pass water more often than usual?	<input type="radio"/> Yes	<input type="radio"/> No
8	Have you been worried about your health?	<input type="radio"/> Yes	<input type="radio"/> No
9	Have you had difficulty falling asleep?	<input type="radio"/> Yes	<input type="radio"/> No
10	Have you been lacking energy?	<input type="radio"/> Yes	<input type="radio"/> No
11	Have you lost interest in things?	<input type="radio"/> Yes	<input type="radio"/> No
12	Have you lost confidence in yourself?	<input type="radio"/> Yes	<input type="radio"/> No
13	Have you felt hopeless?	<input type="radio"/> Yes	<input type="radio"/> No
14	Have you had difficulty concentrating?	<input type="radio"/> Yes	<input type="radio"/> No
15	Have you lost weight (due to poor appetite)?	<input type="radio"/> Yes	<input type="radio"/> No
16	Have you been waking early?	<input type="radio"/> Yes	<input type="radio"/> No
17	Have you felt slowed up?	<input type="radio"/> Yes	<input type="radio"/> No
18	Have you tended to feel worse in the morning?	<input type="radio"/> Yes	<input type="radio"/> No

V8ANXSC

V8ANX50

V8DEPSC

V8DEP50

