



Feelings

Office Use Only
SOF ID#

Acrostic

Staff ID#

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V9ANXSC

V9ANX50

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

REFUSED

Say: I will read to you a list of feelings. Please indicate how much you have been bothered by each symptom *during THE PAST WEEK, INCLUDING TODAY*, by choosing the appropriate answer on the answer card provided.



	Not at all	Mildly - but it didn't bother me much	Moderately - it wasn't pleasant at times	Severely - it bothered me a lot
1 Unable to relax	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 Fear of the worst happening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 Terrified	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 Nervous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 Fear of losing control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6 Fear of dying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7 Scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

REFUSED

Draft

