|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **No** | **Question** | **None of the time** | **A little of the time** | **Some of the time** | **Most of the time** | **All of the time** |
| **1** | **About how often did you feel tired out for no good reason?** |  |  |  |  |  |
| **2** | **About how often did you feel nervous?** |  |  |  |  |  |
| **3** | **About how often did you feel so nervous nothing could calm you down?** |  |  |  |  |  |
| **4** | **About how often did you feel hopeless?** |  |  |  |  |  |
| **5** | **About how often did you feel restless or fidgety?** |  |  |  |  |  |
| **6** | **About how often did you feel so restless you could not sit still?** |  |  |  |  |  |
| **7** | **About how often did you feel that everything is an effort”** |  |  |  |  |  |
| **8** | **About how often did you feel depressed?** |  |  |  |  |  |
| **9** | **About how often did you feel so sad that nothing could cheer you up?** |  |  |  |  |  |
| **10** | **About how often did you feel worthless?** |  |  |  |  |  |