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| --- | --- | --- | --- | --- | --- | --- |
| **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?**  |  |  |  |  |  |