

EDINBURGH SCALE

NAME : _____

We would like to find out how you have been
feeling **in the last 7 days.**

DATE: ____ / ____ / ____

Please **tick** the answer that comes closest to how you have felt.

- | | | |
|-----|---|--|
| 1. | I have been able to laugh and see the funny side of things
<input type="checkbox"/> As much as I always could
<input type="checkbox"/> Not quite so much now
<input type="checkbox"/> Definitely not so much now
<input type="checkbox"/> Not at all | |
| 2. | I have looked forward with enjoyment to things
<input type="checkbox"/> As much as I ever did
<input type="checkbox"/> Rather less than I used to
<input type="checkbox"/> Definitely less than I used to
<input type="checkbox"/> Hardly at all | |
| 3. | I have blamed myself unnecessarily when things went wrong
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, some of the time
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, never | |
| 4. | I have been anxious or worried for no good reason
<input type="checkbox"/> No not at all
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> Yes, very often | |
| 5. | I have felt scared or panicky for no very good reason
<input type="checkbox"/> Yes, quite a lot
<input type="checkbox"/> Yes, sometimes
<input type="checkbox"/> No, not much
<input type="checkbox"/> No, not at all | |
| 6. | Things have been getting on top of me
<input type="checkbox"/> Yes, most of the time I have not been able to cope at all
<input type="checkbox"/> Yes, sometimes I have not been coping as well as usual
<input type="checkbox"/> No, most of the time I have coped quite well
<input type="checkbox"/> No, I have been coping as well as ever | |
| 7. | I have been so unhappy that I have had difficulty sleeping
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all | |
| 8. | I have felt sad or miserable
<input type="checkbox"/> Yes most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Not very often
<input type="checkbox"/> No, not at all | |
| 9. | I have been so unhappy that I have been crying
<input type="checkbox"/> Yes, most of the time
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Only occasionally
<input type="checkbox"/> No, never | |
| 10. | <u>Over the last week</u>, the thought of harming myself has occurred to me
<input type="checkbox"/> Yes, quite often
<input type="checkbox"/> Sometimes
<input type="checkbox"/> Hardly ever
<input type="checkbox"/> Never | |

If answered yes to Q10, please specify what thoughts you've had: