

Please indicate how you are feeling now, or how you have been feeling in the last day or two, by ticking the column to the right of each of the following statements:

	YES DEFINITELY	YES SOMETIMES	NO, NOT MUCH	NO, NOT AT ALL
1 I wake early and then sleep badly for the rest of the night.				
2 I get very frightened or have panic feelings for apparently no reason at all.				
3 I feel miserable and sad.				
4 I feel anxious when I go out of the house on my own.				
5 I have lost interest in things.				
6 I get palpitations, or a sensation of 'butterflies' in my stomach or chest.				
7 I have a good appetite.				
8 I feel scared or frightened.				
9 I feel life is not worth living.				
10 I still enjoy the things I used to.				
11 I am restless and can't keep still.				
12 I am more irritable than usual.				
13 I feel as if I have slowed down.				
14 Worrying thoughts constantly go through my mind.				

For scorer's use only:

Anxiety (2, 4, 6, 8, 11, 12, 14) **A**

Depression (1, 3, 5, 7, 9, 10, 13) **D**

(Scoring 3, 2, 1, 0)

For scoring items 7 & 10 are reversed

(Suggested cut off point is 8–10 on each scale)

(After **AS Zigmond & RP Snaith**, *Acta Psychiatrica Scandinavica* 67, pp 361–70, Munksgaard International Publishers Ltd, Copenhagen, 1983.)