

For all of the questions I'm going to ask you, I want you to think about the last week.

First I'm going to ask you about _____ (the patient's) **feelings**. In the last week, would you say that (the patient) has felt _____.

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|---|--------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| 1. cheerful? ** | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 2. worried or anxious? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 3. frustrated? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 4. full of energy? ** | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 5. sad? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 6. content? ** | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 7. distressed? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 8. lively? ** | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 9. irritable? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 10. fed-up | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 11. that he/she has things to look forward to? ** | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |

Next, I'm going to ask you about _____ (the patient's) **memory**. In the last week, how worried would you say _____ (the patient) has been about _____.

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|--|--------------------------------|--------------------------------------|-----------------------------------|-------------------------------------|
| 12. his/her memory in general? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 13. forgetting things that happened a long time ago? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 14. forgetting things that happened recently? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 15. forgetting people's names? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 16. forgetting where he/she is? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |
| 17. forgetting what day it is? | <input type="checkbox"/> a lot | <input type="checkbox"/> quite a bit | <input type="checkbox"/> a little | <input type="checkbox"/> not at all |