

Brief Mood Survey

<p>Instructions. Put today's date in one of the columns to the right. Then put your score on each item in the boxes below the date, based on how you've been feeling recently. Total your score in the box at the bottom. Please answer all of the items.</p>	Put Today's Date Here							
<p>Score each item like this: 0 = Not at all; 1 = Somewhat; 2 = Moderately; 3 = A lot; 4 = Extremely</p>								

Anxious Feelings

1. Anxious								
2. Nervous								
3. Worried								
4. Frightened or apprehensive								
5. Tense or on edge								
Total for today →								

Anxious Physical Symptoms

1. Skipping, racing, or pounding of the heart								
2. Sweating, chills, or hot flushes								
3. Trembling or shaking								
4. Feeling short of breath or difficulty breathing								
5. Feeling like you're choking								
6. Pain or tightness in the chest								
7. Butterflies, nausea, or upset stomach								
8. Feeling dizzy, light-headed, or off-balance								
9. Feeling like you're unreal or the world is unreal								
10. Numbness or tingling sensations								
Total for today →								

Depression

1. Sad or down in the dumps								
2. Discouraged or hopeless								
3. Low self-esteem								
4. Worthless or inadequate								
5. Loss of pleasure or satisfaction in life								
Total for today →								

Suicidal Urges

1. Do you have any suicidal thoughts?								
2. Would you like to end your life?								
Total for today →								