Instructions to Client These questions are about how you have been feeling OVER THE LAST WEEK. Please read each question carefully. Think how often you have felt like that in the last week and then choose the option that you think fits best.							
Not at all	Only occasionally	Sometimes	Often	Most or all of the time			
0	0	0	0	\bigcirc			
2. I have not felt li	ke talking to anyone						
Not at all	Only occasionally	Sometimes	Often	Most or all of the time			
0	0	0	0	\bigcirc			
3. I have felt able	to cope when things go	wrong					
Not at all	Only occasionally	Sometimes	Often	Most or all of the time			
0	0	0	0	0			
4. I have thought	of hurting myself						
Not at all	Only occasionally	Sometimes	Often	Most or all of the time			
0	\bigcirc	0	0	0			
5. There has been	someone I felt able to a	ask for help					
Not at all	Only occasionally	Sometimes	Often	Most or all of the time			
0	\bigcirc	0	0	0			
6. My thoughts an	d feelings distressed m	le					
Not at all	Only occasionally	Sometimes	Often	Most or all of the time			
0	0	0	0	0			
7. My problems ha	ave felt too much for me)					
Not at all	Only occasionally	Sometimes	Often	Most or all of the time			
0	0	0	0	0			
8. It has been hard	d to go to sleep or stay	asleep					
Not at all	Only occasionally	Sometimes	Often	Most or all of the time			
\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc			

adapted in collaboration with CO	RE IMS and CST							
9. I have felt unhap	ру							
Not at all	Only occasionally	Sometimes	Often	Most or all of the time				
0	0	0	0	0				
10. I have done all the things I wanted to								
Most or all of the time	Often	Sometimes	Only occasionally	Not at all				
0	\bigcirc	0	\bigcirc	0				
End of questions								