

PREMIUM Abbreviated Activation Scale



DOE-F03

Trial ID:

Introduction: *I will now ask you questions about your activities and provide you with possible responses. Please tell me which response best describes your experience for the LAST WEEK, INCLUDING TODAY.*

(Interviewer to tick ✓ in the appropriate box)

	No, not at all	Yes, a little	Neither little nor much	Yes, a lot	Yes, completely
1. Are you content with the amount and types of things you did?					
2. Did you engage in many different activities?					
3. Were you an active person and accomplished the goals you set out to do?					
4. Did you spend long periods thinking over and over about your problems?					
5. Did you do things that were enjoyable?					