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| 1 | There were times in which I was thinking deeply or thinking about many things. |
| 2 | I found myself sometimes failing to concentrate. |
| 3 | I lost my temper or got annoyed over trivial matters. |
| 4 | I had nightmares or bad dreams. |
| 5 | I sometimes saw or heard things which others could not see or hear. |
| 6 | My stomach was aching. |
| 7 | I was frightened by trivial things. |
| 8 | I sometimes failed to sleep or lost sleep. |
| 9 | There were moments when I felt life was so tough that I cried or wanted to cry. |
| 10 | I felt run down (tired). |
| 11 | At times I felt like committing suicide. |
| 12 | I was generally unhappy with things that I would be doing each day. |
| 13 | My work was lagging behind. |
| 14 | I felt I had problems in deciding what to do. |

All scored 1=yes/0=no