How has your week been?

Tick one box for each question that best describes how you have been over the past 7 days.

	Never	Once or twice	Often	All the time _or_ Every day
I felt nervous around people I don't know well.	☐	☐	☐	☐
I felt miserable or unhappy.	☐	☐	☐	☐
I lost my temper.	☐	☐	☐	☐
I didn't enjoy anything at all.	☐	☐	☐	☐
All of a sudden I felt really scared for no reason at all.	☐	☐	☐	☐
I suddenly became nervous and fidgety.	☐	☐	☐	☐
I worried about the future.	☐	☐	☐	☐
I was angry.	☐	☐	☐	☐
I felt too tired to do anything.	☐	☐	☐	☐
I worried about going to school or work.	☐	☐	☐	☐
I had bursts of silliness.	☐	☐	☐	☐
I felt I was a bad person.	☐	☐	☐	☐
I worried about not being as good as others.	☐	☐	☐	☐
I thought nobody really loved me.	☐	☐	☐	☐
I got easily annoyed by others.	☐	☐	☐	☐
I had difficulty falling asleep.	☐	☐	☐	☐
I woke up during the night and could not get back to sleep.	☐	☐	☐	☐
I suddenly became sad for no apparent reason.	☐	☐	☐	☐
I heard voices or noises that other people could not hear.	☐	☐	☐	☐
I saw something or someone that other people could not see.	☐	☐	☐	☐
I thought I was being followed or spied on.	☐	☐	☐	☐
Someone knew what I was thinking even though I did not tell them.	☐	☐	☐	☐
I felt like the world around me was not real.	☐	☐	☐	☐
I could not express myself as clearly as before.	☐	☐	☐	☐
I could not understand words or conversations that I could easily understand before.	☐	☐	☐	☐
Things looked differently than they usually do.	☐	☐	☐	☐

Is there anything else you would like to tell us of your experiences in the past week? If yes, please write it into the box below.

Thank you!