

Date of Assessment: 20th November 2017

General Practitioner: Dr Mary Hanna

Patient Name: Bryan Botterill D.O.B: 23/12/1987

For all questions please fill in the appropriate response circle like this: **⊙40/50**

In the past 4 weeks:

None of the time A little of the time Some of the time Most of the time All of the time

1. About how often did you feel tired out for no good reason? ☐ ☐ ☐ ☒ ☐
2. About how often did you feel nervous? ☐ ☐ ☐ ☒ ☐
3. About how often did you feel so nervous that nothing will calm you down? ☐ ☐ ☒ ☐ ☐
4. About how often did you feel hopeless? ☐ ☐ ☐ ☐ ☒
5. About how often did you feel restless or fidgety? ☐ ☐ ☐ ☒ ☐
6. About how often did you feel so restless you could not sit still? ☐ ☐ ☐ ☒ ☐
7. About how often did you feel depressed? ☐ ☐ ☐ ☒ ☐
8. About how often did you feel that everything is an effort? ☐ ☐ ☐ ☒ ☐
9. About how often did you feel so sad that nothing could cheer you up? ☐ ☐ ☒ ☐ ☐
10. About how often did you feel worthless? ☐ ☐ ☐ ☐ ☒

Today's date

Day		Month			Year		