## QUESTIONS ABOUT CURRENT HEALTH

The following questions are about the way you have been feeling <u>during the last six weeks</u>. Please circle the answer which applies to you. Don't spend long on any one question.

## During the last 6 weeks:

1.	Have you been troubled by dizziness or shortness of breath	Often	Sometimes	Never
2.	Have you felt sick or had indigestion?	Often	Sometimes	Never
3.	Have you found that silly or unreasonable thoughts kept recurring in your mind?	Often	Sometimes	Never
4.	Have you had to check things you do to an unnecessary extent?	Often	Sometimes	Never
5.	Have you been able to get off to sleep all right?	Often not	Sometimes not	Yes
6.	Has it irritated you if your normal routine was disturbed?	Greatly	A little	Not at all
7.	Have you found yourself worrying about things that do not really matter?	Often	Sometimes	Never
8.	Have you felt unduly tired and exhausted?	Often	Sometimes	Never