

ID#: _____

Date: _____

Interviewer: _____

How have you felt since you got up this morning? Choose a number between 1 and 5, where 1 indicates “you haven’t felt that way at all since you got up” and 5 indicates “you’ve felt that way a lot since you got up.”

frightened	
hostile	
happy	
depressed	
energetic	
tired	
sad	
cheerful	
on edge	
sluggish	
calm	
relaxed	
fearful	
fatigued	
unhappy	
full of pep	
resentful	
lively	
angry	
pleased	
tense	
sleepy	
at ease	
afraid	
nervous	

Tell me how much you have felt each of the following symptoms during the past 24 hours. Choose a number from 1 to 5, where 1=none, 2=mild, 3=moderate, 4=severe, 5=very severe.

congestion	
runny nose	
sneezing	
cough	
sore throat	
feeling under the weather	
headache	
chills	