

Name: \_\_\_\_\_

Date: \_\_\_\_\_

### Your Feelings are Important Questionnaire

Please help me understand how you have been feeling. Circle either **YES** or **NO** for any symptom you have been having in the last few weeks or months.

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|--|------------|-----------|
| 1. Feeling sad or depressed for more than 2 weeks?   | <b>YES</b> | <b>NO</b> |
| 2. Breaking into tears at inappropriate times or feeling like you can't stop crying?               | <b>YES</b> | <b>NO</b> |
| 3. Feeling tired, exhausted, although you have had normal rest?                                    | <b>YES</b> | <b>NO</b> |
| 4. Lack of enthusiasm or enjoyment, even for things you previously enjoyed?                        | <b>YES</b> | <b>NO</b> |
| 5. Unable to concentrate, unable to remember?  | <b>YES</b> | <b>NO</b> |
| 6. Seemingly unable to get things done?  | <b>YES</b> | <b>NO</b> |
| 7. Sometimes wonder if life is worth living?   | <b>YES</b> | <b>NO</b> |
| 8. Feeling unwanted, worthless, like nobody loves you?   | <b>YES</b> | <b>NO</b> |
| 9. Feeling guilty over past mistakes? Thinking of these mistakes over and over again?              | <b>YES</b> | <b>NO</b> |
| 10. Feeling irritable, getting overly upset over minor things?                                     | <b>YES</b> | <b>NO</b> |
| 11. Feeling so tired of life that you think of ending it all?                                      | <b>YES</b> | <b>NO</b> |
| 12. Making plans for suicide? Thinking about suicide?  | <b>YES</b> | <b>NO</b> |
| 13. Changes in sleep patterns-either sleeping too much or unable to sleep normally?                | <b>YES</b> | <b>NO</b> |
| 14. Changes in appetite, leading to either weight loss or weight gain without effort on your part? | <b>YES</b> | <b>NO</b> |
| 15. Feeling powerless  | <b>YES</b> | <b>NO</b> |