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| --- | --- | --- | --- | --- | --- |
| In the last month, how often have you: | Never | Almost Never | Sometimes | Fairly Often | Very Often |
| Been upset because something happened unexpectedly? |  |  |  |  |  |
| Felt that you were unable to control the important things in your life? |  |  |  |  |  |
| Felt nervous? |  |  |  |  |  |
| Felt unsure about your ability to handle personal problems? |  |  |  |  |  |
| Felt that things weren’t going your way? |  |  |  |  |  |
| Felt that you could not cope with all the things that you had to do? |  |  |  |  |  |
| Been unable to control irritations in your life? |  |  |  |  |  |
| Felt that you were not on top of things? |  |  |  |  |  |
| Been angered by things that your felt were outside of your control? |  |  |  |  |  |
| Felt difficulties were piling up so high that you could not overcome them? |  |  |  |  |  |