

## Eagan Child and Family Care, PA

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Please circle one:

1. Are you basically satisfied with your life? Yes No
2. Have you dropped many of your activities and interests? Yes No
3. Do you feel like your life is empty? Yes No
4. Do you often get bored? Yes No
5. Are you in good spirits most of the time? Yes No
6. Are you afraid that something bad is going to happen to you? Yes No
7. Do you feel happy most of the time? Yes No
8. Do you often feel helpless? Yes No
9. Do you prefer to stay at home, rather than going out and trying new things?  
Yes No
10. Do you feel you have more problems with memory than most? Yes No
11. Do you think it is wonderful to be alive now? Yes No
12. Do you feel pretty worthless the way you are now? Yes No
13. Do you feel that your situation is hopeless? Yes No
14. Do you feel full of energy? Yes No
15. Do you think that most people are better off than you? Yes No
16. Do you feel like hurting or killing yourself? Yes No