

DAPOS: Full Name:..... Date:..... D.O.Birth:.....

We would like to know, how you have been feeling in the last few weeks. Please read each statement and circle a number which indicates how often you feel this way. There are no right or wrong answers. Do not spend too much time on any statement.

Use scoring scale **1**.....**5**
 almost never **Almost
 all the time**

1. I feel like a failure	1	2	3	4	5
2. I get frightened feeling, as if something awful is about to happen	1	2	3	4	5
3. I feel guilty	1	2	3	4	5
4. I can laugh and see the funny side of things	1	2	3	4	5
5. I am disappointed in myself	1	2	3	4	5
6. I get a frightened feeling, like butterflies in the stomach	1	2	3	4	5
7. I feel cheerful	1	2	3	4	5
8. I blame myself constantly	1	2	3	4	5
9. I get sudden feelings of panic	1	2	3	4	5
10. I look forward with enjoyment to things	1	2	3	4	5
11. I think about harming myself	1	2	3	4	5