

**DASS 21:** Full Name:..... Date:..... D.O.Birth:.....

Please read each statement and circle a number which indicates how much statement applied to you over **PAST WEEK**. There are no right or wrong answers.  
Do not spend too much time on any statement.

*The rating scale is as follows:*

- 0 Did not apply to me at all
- 1 Applied to me in some degree, or some of the time
- 2 Applied to me a considerable degree, or good part of the time
- 3 Applied to me very much, or most of the time

1. I found myself getting upset by quite trivial things	0	1	2	3
2. I was aware of dryness of my mouth	0	1	2	3
3. I just couldn't seem to experience any positive feeling at all	0	1	2	3
4. I experienced breathing difficulty (eg excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5. I just couldn't seem to get going	0	1	2	3
6. I tended to over-react to situations	0	1	2	3
7. I had feeling of shakiness (eg. legs going to give way)	0	1	2	3
8. I found it difficult to relax	0	1	2	3
9. I found myself in situations that made me so anxious I was most relieved when they ended	0	1	2	3
10. I felt that I had nothing to look forward to	0	1	2	3
11. I found myself getting upset rather easily	0	1	2	3
12. I felt that I was using a lot of nervous energy	0	1	2	3
13. I felt sad and depressed	0	1	2	3
14. I found myself getting impatient when I was delayed in any way (eg. lifts, traffic lights, being kept waiting)	0	1	2	3
15. I had feeling of faintness	0	1	2	3
16. I felt that I had lost interest in just about everything	0	1	2	3
17. I felt that I wasn't worth much as a person	0	1	2	3
18. I felt that I was rather touchy	0	1	2	3
19. I perspired noticeably (eg. hand sweaty ) in the absence of high temperatures or physical exertion	0	1	2	3
20. I felt scared without any good reason	0	1	2	3
21. I felt life wasn't worthwhile	0	1	2	3