



EMOTIONAL STATE QUESTIONNAIRE EST-Q

Name		Age		Gender		Date	
Please read carefully and circle the answer that best describes your situation IN THE LAST MONTH		Not at all	Seldom	Sometimes	Often	All the time	
1.	Feelings of sadness	0	1	2	3	4	
2.	Feeling no interest or pleasure in things	0	1	2	3	4	
3.	Feelings of worthlessness	0	1	2	3	4	
4.	Self-accusations	0	1	2	3	4	
5.	Recurrent thoughts of death or suicide	0	1	2	3	4	
6.	Feeling lonely	0	1	2	3	4	
7.	Hopelessness about the future	0	1	2	3	4	
8.	Impossible to enjoy things	0	1	2	3	4	
9.	Feeling easily irritated or annoyed	0	1	2	3	4	
10.	Feeling anxious or fearful	0	1	2	3	4	
11.	Tension or inability to relax	0	1	2	3	4	
12.	Excessive worry about several different things	0	1	2	3	4	
13.	Feeling so restless that it's hard to sit still	0	1	2	3	4	
14.	Easily startled	0	1	2	3	4	
15.	Sudden attacks of panic with palpitations, shortness of breath, fainting, or other frightening bodily sensations	0	1	2	3	4	
16.	Fear of being alone away from home	0	1	2	3	4	
17.	Fear of being on streets or at open places	0	1	2	3	4	
18.	Fear of fainting in public	0	1	2	3	4	
19.	Fear of travelling by bus, tram, train, or car	0	1	2	3	4	
20.	Fear of being in the centre of attention	0	1	2	3	4	
21.	Fear of talking to strangers	0	1	2	3	4	
22.	Fatigue or loss of energy	0	1	2	3	4	
23.	Diminished ability to focus or concentrate	0	1	2	3	4	
24.	Rest does not restore strength	0	1	2	3	4	
25.	Being easily fatigued	0	1	2	3	4	
26.	Difficulty falling asleep	0	1	2	3	4	
27.	Restless or disturbed sleep	0	1	2	3	4	
28.	Waking up too early	0	1	2	3	4	