



Name: _____ Date: _____

Brief Mood Survey*

Instructions. Use checks (✓) to indicate how you've been feeling over the past week, including today.

Please answer all the items.

	0—Not at all	1—Somewhat	2—Moderately	3—A lot	4—Extremely
Depression					
1. Sad or down in the dumps					
2. Discouraged or hopeless					
3. Low self-esteem					
4. Worthless or inadequate					
5. Loss of pleasure or satisfaction in life					
Total Items 1 to 5 →					

Suicidal Urges

1. Do you have any suicidal thoughts?					
2. Would you like to end your life?					
Total Items 1 to 2 →					

Anxiety

1. Anxious					
2. Frightened					
3. Worrying about things					
4. Tense or on edge					
5. Nervous					
Total Items 1 to 5 →					

Anger

1. Frustrated					
2. Annoyed					
3. Resentful					
4. Angry					
5. Irritated					
Total Items 1 to 5 →					

Violent Urges

1. I've had thoughts or fantasies of hurting people.					
2. I've had the urge to do something harmful or violent.					
Total Items 1 to 2 →					

Substance Use

	Y	N
1. Have you ever felt you ought to cut down on your drinking or drug use?		
2. Have people annoyed you by criticizing your drinking or drug use?		
3. Have you felt bad or guilty about your drinking or drug use?		
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (eye-opener)?		