MOOD20

ID ___ ___ ___ ___ ___ ___   Date ___ ___ / ___ ___ / ___ ___   Time _____ AM / PM
                                              m   m   d   d   y   y

Please place a mark along the line for each question. (See example)

PLEASE PUSH THE EVENT MARKER ON YOUR WATCH NOW

EXAMPLE:

How alert do you feel?

Very Little _____/_____ Very Much

1. How **alert** do you feel?

   Very Little _____ Very Much

2. How **sad** do you feel?

   Very Little _____ Very Much

3. How **tense** do you feel?

   Very Little _____ Very Much

4. How much of an **effort** is it to do anything?

   Very Little _____ Very Much

5. How **happy** do you feel?

   Very Little _____ Very Much

6. How **weary** do you feel?

   Very Little _____ Very Much

7. How **calm** do you feel?

   Very Little _____ Very Much

8. How **sleepy** do you feel?

   Very Little _____ Very Much

9. **Overall**, how do you feel?

   Very Bad _____ Very Good

ID __ __ __ __ __ __

Date __ __ / __ __ / __ __
       m m   d d   y y

10. How **clear-headed** do you feel?

Very Little _____ Very Much

11. How **fatigued** do you feel?

Very Little _____ Very Much

12. How **anxious** do you feel?

Very Little _____ Very Much

13. How **exhausted** do you feel?

Very Little _____ Very Much

14. How **relaxed** do you feel?

Very Little _____ Very Much

15. How **forgetful** do you feel?

Very Little _____ Very Much

16. How **efficient** do you feel?

Very Little _____ Very Much

17. How **stressed** do you feel?

Very Little _____ Very Much

18. How **energetic** do you feel?

Very Little _____ Very Much

19. How **irritable** do you feel?

Very Little _____ Very Much

20. How well are you able to **concentrate?**

Very Poorly _____ Very Well