

Emotional State Questionnaire (EST-Q)

Name _____ Gender _____ Age _____ Date ____ / ____ / ____

Below are given some problems that people may have. Please indicate how often each problem has bothered you during the past month and mark one of the boxes to the right that best corresponds to your problems.

		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 is 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, faintness or other frightening bodily sensations	0	1	2	3	4
16	Fear of being outside home alone	0	1	2	3	4
17	Feeling afraid in streets or open places	0	1	2	3	4
18	Fear of fainting in public	0	1	2	3	4
19	Feeling afraid of travelling by bus, train or car	0	1	2	3	4
20	Afraid to be the centre of attention	0	1	2	3	4
21	Fear of interaction with strangers	0	1	2	3	4
22	Fatigue or loss of energy	0	1	2	3	4
23	Diminished ability to think 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