**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

**Feeling down, depressed, or hopeless**

0: Not at all

1: Several days

2: More than half the days

3: Nearly every day

**Little interest or pleasure in doing things**

0: Not at all

1: Several days

2: More than half the days

3: Nearly every day

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**

**Not being able to stop or control worrying?**

0: Not at all

1: Several days

2: More than half the days

3: Nearly every day

**Feeling nervous, anxious or on edge?**

0: Not at all

1: Several days

2: More than half the days

3: Nearly every day

This is a scale and there are 4 possible answers for each questions:

* Seldom or never
* Some of the time
* Good part of the time
* Most of the time

Answer nearest to your present mood, **today**.

**I feel down-hearted and blue**

1: Seldom or never

2: Some of the time

3: Good part of the time

4: Most of the time

**I have trouble sleeping at night**

1: Seldom or never

2: Some of the time

3: Good part of the time

4: Most of the time

**Morning is when I feel best**

1: Seldom or never

2: Some of the time

3: Good part of the time

4: Most of the time

**I can eat as much as I used to**

1: Seldom or never

2: Some of the time

3: Good part of the time

4: Most of the time

**I get tired for no reason**

1: Seldom or never

2: Some of the time

3: Good part of the time

4: Most of the time

**I find it difficult to make decisions**

1: Seldom or never

2: Some of the time

3: Good part of the time

4: Most of the time

**I feel hopeful about the future**

1: Seldom or never

2: Some of the time

3: Good part of the time

4: Most of the time

**I feel that I am useful and needed**

1: Seldom or never

2: Some of the time

3: Good part of the time

4: Most of the time

**My life is somewhat empty**

1: Seldom or never

2: Some of the time

3: Good part of the time

4: Most of the time

**I still enjoy the things I used to do**

1: Seldom or never

2: Some of the time

3: Good part of the time

4: Most of the time

**In the past week, how would you rate the strength of your leg that was most affected by your stroke?**

5: A lot of strength

4: Quite a bit of strength

3: Some strength

2: A little strength

1: No strength at all

**In the past week, how difficult was it for you to think quickly?**

5: Not difficult at all

4: A little difficult

3: Somewhat difficult

2: Very difficult

1: Extremely difficult

**In the past week, how often did you feel that you have nothing to look forward to?**

5: None of the time

4: A little of the time

3: Some of the time

2: Most of the time

1: All of the time

**In the past week, how difficult was it to understand what was being said to you in a conversation?**

5: Not difficult at all

4: A little difficult

3: Somewhat difficult

2: Very difficult

1: Extremely difficult

**In the past 2 weeks, how difficult was it to do light household tasks/chores (e.g. dust, make a bed, take out rubbish, do the dishes)?**

5: Not difficult at all

4: A little difficult

3: Somewhat difficult

2: Very difficult

1: Could not do at all

**In the past 2 weeks, how difficult was it to walk without losing your balance?**

5: Not difficult at all

4: A little difficult

3: Somewhat difficult

2: Very difficult

1: Could not do at all

**In the past 2 weeks, how difficult was it to use your hand that was most affected by your stroke to pick up a coin?**

5: Not difficult at all

4: A little difficult

3: Somewhat difficult

2: Very difficult

1: Could not do at all

**During the past 4 weeks, how much of the time have you been limited in your social activities?**

5: None of the time

4: A little of the time

3: Some of the time

2: Most of the time