

Retrospective Survey for Change in Caregiver

D	ASS 21 Name:	E	Date:						
Please read each statement and circle a number 0, 1, 2, or 3 which indicates how much the statement applied to you <i>the week before beginning services</i> . There are no right or wrong answers. Do not spend too much time on any statement.									
	The rating scale is as follows:								
0	Did not apply to me at all								
1	Applied to me to some degree, or some of the time								
2	Applied to me to a considerable degree, or a good part of the time								
3	Applied to me very much, or most of the time								
1.	I found it hard to wind down.	0	1	2	3				
2.	I was aware of dryness of my mouth.	0	1	2	3				
3.	I couldn't seem to experience any positive feeling at all.	0	1	2	3				
4.	I experienced breathing difficulty (e.g., excessively rapid breathing, breathlessness in the absense of physical exertion).	0	1	2	3				
5.	I found it difficult to work up the initiative to do things.	0	1	2	3				
6.	I tended to over-react to situations.	0	1	2	3				
7.	I experienced trembling (e.g., in the hands).	0	1	2	3				
8.	I felt that I was using a lot of nervous energy.	0	1	2	3				
9.	I was worried about situations in which I might panic and make a fool of myself.	0	1	2	3				
10.	I felt that I had nothing to look forward to.	0	1	2	3				
11.	I found myself getting agitated.	0	1	2	3				
12.	I found it difficult to relax.	0	1	2	3				
13.	I felt down-hearted and blue.	0	1	2	3				
14.	I was intolerant of anything that kept me from getting on with what I was doing.	0	1	2	3				

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15.	I felt I was close to panic.	0	1	2	3
16.	I was unable to become enthusiastic about anything.	0	1	2	3
17.	I felt I wasn't worth much as a person.	0	1	2	3
18.	I felt that I was rather touchy.	0	1	2	3
19.	I was aware of the action of my heart in the absence of physical exertion (e.g., sense of heart rate increase, heart missing a beat).	0	1	2	3
20.	I felt scared without any good reason.	0	1	2	3
21.	I felt that life was meaningless.	0	1	2	3