

MASQ

Below is a list of feelings, sensations, problems, and experiences that people sometimes have. Read each item and then mark the appropriate choice in the space next to that item. Use the choice that best describes how much you have felt or experienced things this way during the past week, including today. Use this scale when answering:

- | | 1 | 2 | 3 | 4 | 5 | |
|-------|------------|-------------------|------------|-------------|-----------|---|
| | not at all | a little bit | moderately | quite a bit | extremely | |
| _____ | 1. | Felt cheerful | | _____ | 23. | Felt like I was having a lot of fun |
| _____ | 2. | Felt afraid | | _____ | 24. | Blamed myself for a lot of things |
| _____ | 3. | Startled easy | | _____ | 25. | Felt numbness or tingling in my body |
| _____ | 4. | Felt confused | | _____ | 26. | Felt withdrawn from other people |
| _____ | 5. | Slept very well | | _____ | 27. | Seemed to move quickly and easily |
| _____ | 6. | Felt sad | | _____ | 28. | Was afraid I was going to lose control |
| _____ | 7. | Felt very alert | | _____ | 29. | Felt dissatisfied with everything |
| _____ | 8. | Felt discouraged | | _____ | 30. | Looked forward to things with enjoyment |
| _____ | 9. | Felt nauseous | | _____ | 31. | Had trouble remembering things |
| _____ | 10. | Felt like crying | | _____ | 32. | Felt like I didn't need much sleep |
| _____ | 11. | Felt successful | | _____ | 33. | Felt like nothing was very enjoyable |
| _____ | 12. | Had diarrhea | | _____ | 34. | Felt like something awful was going to happen |
| _____ | 13. | Felt worthless | | _____ | 35. | Felt like I had accomplished a lot |
| _____ | 14. | Felt really happy | | _____ | 36. | Felt like I had a lot of interesting things to do |
| _____ | 15. | Felt nervous | | | | |
| _____ | 16. | Felt depressed | | | | |
| _____ | 17. | Felt irritable | | | | |
| _____ | 18. | Felt optimistic | | | | |
| _____ | 19. | Felt faint | | | | |
| _____ | 20. | Felt uneasy | | | | |
| _____ | 21. | Felt really bored | | | | |
| _____ | 22. | Felt hopeless | | | | |

- | | 1 | 2 | 3 | 4 | 5 |
|-----------|--|--------------|------------|-------------|---------------------------------|
| | not at all | a little bit | moderately | quite a bit | extremely |
| _____ 37. | Did not have much of an appetite | | | _____ 61. | Felt like I was choking |
| _____ 38. | Felt like being with other people | | | _____ 62. | Was unable to laugh easily |
| _____ 39. | Felt like it took extra effort to get started | | | _____ 63. | Had an upset stomach |
| _____ 40. | Felt like I had a lot to look forward to | | | _____ 64. | Felt inferior to others |
| _____ 41. | Thoughts and ideas came to me very easily | | | _____ 65. | Had a lump in my throat |
| _____ 42. | Felt pessimistic about the future | | | _____ 66. | Felt really slowed down |
| _____ 43. | Felt like I could do everything I needed to do | | | _____ 67. | Had a very dry mouth |
| _____ 44. | Felt like there wasn't anything interesting or fun to do | | | _____ 68. | Felt confident about myself |
| _____ 45. | Had pain in my chest | | | _____ 69. | Muscles twitched or trembled |
| _____ 46. | Felt really talkative | | | _____ 70. | Had trouble making decisions |
| _____ 47. | Felt like a failure | | | _____ 71. | Felt like I was going crazy |
| _____ 48. | Had hot or cold spells | | | _____ 72. | Felt like I had a lot of energy |
| _____ 49. | Was proud of myself | | | _____ 73. | Was afraid I was going to die |
| _____ 50. | Felt very restless | | | _____ 74. | Was disappointed in myself |
| _____ 51. | Had trouble falling asleep | | | _____ 75. | Heart was racing or pounding |
| _____ 52. | Felt dizzy or lightheaded | | | _____ 76. | Had trouble concentrating |
| _____ 53. | Felt unattractive | | | _____ 77. | Felt tense or "high strung" |
| _____ 54. | Felt very clearheaded | | | _____ 78. | Felt hopeful about the future |
| _____ 55. | Was short of breath | | | _____ 79. | Was trembling or shaking |
| _____ 56. | Felt sluggish or tired | | | _____ 80. | Had trouble paying attention |
| _____ 57. | Hands were shaky | | | _____ 81. | Muscles were tense or sore |
| _____ 58. | Felt really "up" or lively | | | _____ 82. | Felt keyed up, "on edge" |
| _____ 59. | Was unable to relax | | | _____ 83. | Had trouble staying asleep |
| _____ 60. | Felt like being by myself | | | _____ 84. | Worried a lot about things |
| | | | | _____ 85. | Had to urinate frequently |
| | | | | _____ 86. | Felt really good about myself |
| | | | | _____ 87. | Had trouble swallowing |
| | | | | _____ 88. | Hands were cold or sweaty |
| | | | | _____ 89. | Thought about death or suicide |
| | | | | _____ 90. | Got tired or fatigued easily |