

Name:

SOBEL DEPRESSION INVENTORY

Using the scale below please rate each item to show how much it has been a problem for you during the past two weeks:

	0-not a problem	1-occasionally a problem	2-often a problem	3-definitely a problem
	Date ____	Date ____	Date ____	Date ____
1. Sad or depressed mood	_____	_____	_____	_____
2. Crying spells	_____	_____	_____	_____
3. Anxious/nervous/worried	_____	_____	_____	_____
4. Irritable/easily angered	_____	_____	_____	_____
5. Self-critical/decreased self-esteem	_____	_____	_____	_____
6. Decrease in interests/loss of pleasure	_____	_____	_____	_____
7. Social isolation/withdrawal	_____	_____	_____	_____
8. Insomnia/difficulty sleeping	_____	_____	_____	_____
9. Tired/fatigued	_____	_____	_____	_____
10. Difficulty concentrating/easily distracted	_____	_____	_____	_____
11. Decreased memory/forgetful	_____	_____	_____	_____
12. Difficulty making decisions	_____	_____	_____	_____
13. Decreased motivation/drive	_____	_____	_____	_____
14. Decreased sex drive/libido	_____	_____	_____	_____
15. Suicidal thoughts	_____	_____	_____	_____
	TOTAL:	_____	_____	_____

Name:

SOBEL ANXIETY INVENTORY

Using the scale below please rate each item to show how much it has been a problem for you during the past two weeks:

0-not a problem 1-occasionally a problem 2-often a problem 3-definitely a problem

Date ____ Date ____ Date ____ Date ____

1. Anxious/nervous	_____	_____	_____	_____
2. Worry too much about things	_____	_____	_____	_____
3. Restless	_____	_____	_____	_____
4. Insomnia/difficulty sleeping	_____	_____	_____	_____
5. Tired/fatigued	_____	_____	_____	_____
6. Difficulty concentrating/distracted	_____	_____	_____	_____
7. Decreased memory/forgetful	_____	_____	_____	_____
8. Difficulty making decisions	_____	_____	_____	_____
9. Irritable/easily angered	_____	_____	_____	_____
10. Increased muscle tension	_____	_____	_____	_____
11. Shortness of breath/difficulty breathing	_____	_____	_____	_____
12. Increased heart rate	_____	_____	_____	_____
13. Upset stomach	_____	_____	_____	_____
14. Sweating	_____	_____	_____	_____
15. Social isolation/withdrawal	_____	_____	_____	_____
TOTAL:	_____	_____	_____	_____