

|                        |                                             |                                       |                                           |                                   |
|------------------------|---------------------------------------------|---------------------------------------|-------------------------------------------|-----------------------------------|
| <b>B</b>               | <b>I</b>                                    | <b>N</b>                              | <b>G</b>                                  | <b>O</b>                          |
| SMOKING                | ANXIETY                                     | EATING<br>LESS                        | NEW OR<br>WORSENING<br>HEALTH<br>PROBLEMS | GETTING ILL<br>MORE<br>FREQUENTLY |
| DIFFICULTY<br>SLEEPING | OVERREACTING<br>TO MINOR<br>THINGS          | LOOSING<br>WEIGHT                     | CONSTANTLY<br>EXHAUSTED                   | NEGLECTING<br>RESPONSIBILITIES    |
| NOT<br>SLEEPING        | TROUBLE<br>CONCENTRATING                    | <b>FREE</b>                           | CRYING<br>A LOT                           | FEELING<br>HOPELESS               |
| FEELING<br>RESENTFUL   | NOT<br>SEEING<br>FRIENDS                    | FEELING<br>RUN<br>DOWN                | FEELING<br>HELPLESS                       | LESS<br>ENERGY<br>THAN<br>USUAL   |
| EATING<br>MORE         | CUTTING<br>BACK ON<br>LEISURE<br>ACTIVITIES | MORE<br>IMPATIENT<br>AND<br>IRRITABLE | TROUBLE<br>RELAXING                       | DRINKING                          |

|                          |                                       |                                           |                                             |                                |
|--------------------------|---------------------------------------|-------------------------------------------|---------------------------------------------|--------------------------------|
| <b>B</b>                 | <b>I</b>                              | <b>N</b>                                  | <b>G</b>                                    | <b>O</b>                       |
| TROUBLE<br>CONCENTRATING | CONSTANTLY<br>EXHAUSTED               | NEW OR<br>WORSENING<br>HEALTH<br>PROBLEMS | DIFFICULTY<br>SLEEPING                      | LOOSING<br>WEIGHT              |
| EATING<br>LESS           | TROUBLE<br>RELAXING                   | GETTING ILL<br>MORE<br>FREQUENTLY         | CUTTING<br>BACK ON<br>LEISURE<br>ACTIVITIES | NEGLECTING<br>RESPONSIBILITIES |
| FEELING<br>RESENTFUL     | CRYING<br>A LOT                       | <b>FREE</b>                               | FEELING<br>HOPELESS                         | ANXIETY                        |
| FEELING<br>HELPLESS      | MORE<br>IMPATIENT<br>AND<br>IRRITABLE | SMOKING                                   | DRINKING                                    | NOT<br>SEEING<br>FRIENDS       |
| FEELING<br>RUN<br>DOWN   | LESS<br>ENERGY<br>THAN<br>USUAL       | NOT<br>SLEEPING                           | OVERREACTING<br>TO MINOR<br>THINGS          | EATING<br>MORE                 |

|                                             |                                       |                                           |                                    |                                   |
|---------------------------------------------|---------------------------------------|-------------------------------------------|------------------------------------|-----------------------------------|
| <b>B</b>                                    | <b>I</b>                              | <b>N</b>                                  | <b>G</b>                           | <b>O</b>                          |
| CUTTING<br>BACK ON<br>LEISURE<br>ACTIVITIES | MORE<br>IMPATIENT<br>AND<br>IRRITABLE | CONSTANTLY<br>EXHAUSTED                   | LESS<br>ENERGY<br>THAN<br>USUAL    | CRYING<br>A LOT                   |
| SMOKING                                     | FEELING<br>RESENTFUL                  | FEELING<br>RUN<br>DOWN                    | OVERREACTING<br>TO MINOR<br>THINGS | GETTING ILL<br>MORE<br>FREQUENTLY |
| NOT<br>SLEEPING                             | DRINKING                              | <b>FREE</b>                               | NOT<br>SEEING<br>FRIENDS           | FEELING<br>HELPLESS               |
| TROUBLE<br>CONCENTRATING                    | NEGLECTING<br>RESPONSIBILITIES        | NEW OR<br>WORSENING<br>HEALTH<br>PROBLEMS | TROUBLE<br>RELAXING                | EATING<br>LESS                    |
| FEELING<br>HOPELESS                         | ANXIETY                               | LOOSING<br>WEIGHT                         | DIFFICULTY<br>SLEEPING             | EATING<br>MORE                    |