

VAS Clinical Survey

Name: _____ Date: _____

Please indicate the degree to which the following experiences currently bother you by marking an "X" in one of the spaces along the line below each statement.

Example: If you felt moderately but Moderately Content with your life, your score might look as follows:

Contented with Life

Very Low | | | | | | | **X** | | | | | Very High

1. Bothered by Work Related Stress:

Very Low | | | | | | | | | | | Very High

2. Worried About Financial Difficulties:

Very Low | | | | | | | | | | | Very High

3. Feel Nervous, Anxious, or Fearful:

Very Low | | | | | | | | | | | Very High

4. Feel Depressed, Sad, or Unhappy:

Very Low | | | | | | | | | | | Very High

5. Often have an Overly Angry Temper or Easily Enraged:

Very Low | | | | | | | | | | | Very High

6. Usually have Difficulty Expressing Anger:

Very Low | | | | | | | | | | | Very High

7. Bothered by Physical Health Problems or Chronic Pain:

Very Low | | | | | | | | | | | Very High

8. Have Feelings of Insecurity or Lack of Self-Confidence:

Very Low | | | | | | | | | | | Very High

9. Bothered by Arguments or Lack of Communication with Spouse or Intimate Partner:

Very Low | | | | | | | | | | | Very High

10. Bothered by the Lack of Feeling Personal Intimacy in My Close Relationships:

Very Low | | | | | | | | | | | Very High

* VAS: *Graduated Visual Analog Scale*