

Self Evaluation Scale



Theoretical Guideline
MANUAL

CAP



SELF-EVALUATION QUESTIONNAIRE

*(adapted from the Hamilton
scale of depression)*

Provider Name:
Group Supervisor:
CAP Facilitator (s):
Group Name:
Client Name:

Date: Start time:

Session #: End time:

Please answer all 10 questions by placing a cross in the box that best reflects your state of mind. The answer should indicate how you have been feeling this past week:

		NEVER	SOMETIMES	OFTEN	ALWAYS
1	I have been feeling upset about things that usually do not bothered me				
2	I have been feeling a lack of energy				
3	I was not able to focus on what I was doing				
4	I have been feeling sad				
5	I have been feeling frightened or anxious				
6	I have been feeling good about myself				
7	I have thought that my life was not worth living				
8	I have been feeling optimistic about the future				
9	I have been feeling that nobody loves me				
10	I have been feeling alone				