



River Counseling Brief Mood Survey*

Reset Form

INSTRUCTIONS: *Download this PDF to your computer. Open in Acrobat or Acrobat Reader. Fill out form. Save form. Email form.*

Name: _____

Date: _____

Instructions: Click ● to indicate how depressed, anxious or angry you've been feeling over the past week, including today. *Please answer all the items.*

Depression

	Not at all = 0	Somewhat = 1	Moderately = 2	A lot = 3	Extremely = 4
1. Sad or down in the dumps					
2. Discouraged or hopeless					
3. Low self-esteem					
4. Worthless or inadequate					
5. Loss of pleasure or satisfaction in life					
Total for items 1-5					

Suicidal Urges

	Not at all = 0	Somewhat = 1	Moderately = 2	A lot = 3	Extremely = 4
1. Do you have any suicidal thoughts?					
2. Would you like to end your life?					
Total for items 1-2					

Anxiety

	Not at all = 0	Somewhat = 1	Moderately = 2	A lot = 3	Extremely = 4
1. Anxious					
2. Frightened					
3. Worrying about things					
4. Tense or on edge					
5. Nervous					
Total for items 1-5					

Anger

	Not at all = 0	Somewhat = 1	Moderately = 2	A lot = 3	Extremely = 4
1. Frustrated					
2. Annoyed					
3. Resentful					
4. Angry					
5. Irritated					
Total for items 1-5					

Instructions: Click ● to show how satisfied or dissatisfied you feel in your closest personal relationship. *Please answer all the items.*

Relationship Satisfaction

	Dissatisfied			Satisfied			
	Very = 0	Moderately = 1	Somewhat = 2	Neutral = 3	Somewhat = 4	Moderately = 5	Very = 6
1. Communication and openness							
2. Resolving conflicts and arguments							
3. Degree of affection and caring							
4. Intimacy and closeness							
5. Overall Satisfaction							
Total for items 1-5							

Save this document to your computer and email to kshinners@riverscounseling.com