

soma

holistic health



Record William Andrew Hecker

Client D.O.B: 25/12/1977

Created By: Rachel Dutton

Business: Soma Holistic Health

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Test Information:

Please read each statement and select a number 0, 1, 2 or 3 that indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1. I found myself getting upset by quite trivial things

0 Not at all

2. I was aware of dryness of my mouth

0 Not at all

3. I couldn't seem to experience any positive feeling at all

1 Some of the time

4. I experienced breathing difficulty (eg, excessively rapid breathing, breathlessness in the absence of physical exertion)

1 Some of the time

5. I just couldn't seem to get going

2 A good part of the time

6. I tended to over-react to situations

1 Some of the time

7. I had a feeling of shakiness (eg, legs going to give way)

0 Not at all

8. I found it difficult to relax

2 A good part of the time

9. I found myself in situations that made me so anxious I was most relieved when they ended

1 Some of the time

10. I felt that I had nothing to look forward to

3 Most of the time

11. I found myself getting upset rather easily

2 A good part of the time

12. I felt that I was using a lot of nervous energy

1 Some of the time

13. I felt sad and depressed

2 A good part of the time

14. I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting)

0 Not at all

15. I had a feeling of faintness

0 Not at all

16. I felt that I had lost interest in just about everything

3 Most of the time

17. I felt I wasn't worth much as a person

3 Most of the time

18. I felt that I was rather touchy

0 Not at all

19. I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion

1 Some of the time

20. I felt scared without any good reason

1 Some of the time

21. I felt that life wasn't worthwhile

2 A good part of the time

22. I found it hard to wind down

1 Some of the time

23. I had difficulty in swallowing

0 Not at all

24. I couldn't seem to get any enjoyment out of the things I did

1 Some of the time

25. I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)

1 Some of the time

26. I felt down-hearted and blue

3 Most of the time

27. I found that I was very irritable

1 Some of the time

28. I felt I was close to panic

0 Not at all

29. I found it hard to calm down after something upset me

2 A good part of the time

30. I feared that I would be "thrown" by some trivial but unfamiliar task

0 Not at all

31. I was unable to become enthusiastic about anything

3 Most of the time

32. I found it difficult to tolerate interruptions to what I was doing

2 A good part of the time

33. I was in a state of nervous tension

1 Some of the time

34. I felt I was pretty worthless

2 A good part of the time

35. I was intolerant of anything that kept me from getting on with what I was doing

2 A good part of the time

36. I felt terrified

0 Not at all

37. I could see nothing in the future to be hopeful about

3 Most of the time

38. I felt that life was meaningless

3 Most of the time

39. I found myself getting agitated

1 Some of the time

40. I was worried about situations in which I might panic and make a fool of myself

0 Not at all

41. I experienced trembling (eg, in the hands)

0 Not at all

42. I found it difficult to work up the initiative to do things

2 A good part of the time