

NOMAD Depression Scale

Step 1: Please read through each statement below and indicate how well each one describes how you have been over the past 2 weeks?

Step 2: Go back through each statement and indicate how you were right before your injury or illness.

	Over the Past Two Weeks:			Before my Injury or Illness:		
	False	Partly True	Very True	False	Partly True	Very True
1. I often feel sad or empty.						
2. I have lost interest in most things.						
3. I don't enjoy the things that I am able to do.						
4. I don't laugh or smile much any more.						
5. Things bother or annoy me more easily now.						
6. I often feel like crying.						
7. I don't care much about other people any more.						
8. I often feel like a failure.						
9. I feel very bad about things I have done						
10. I don't feel much romantic or physical attraction towards anyone.						
11. I don't have much that I want to do.						
12. I don't have much to look forward to.						
13. I often think about dying.						
14. My life does not seem worth much.						
15. I don't care much whether I live or die.						
16. I feel like the most unhappy person on earth.						
17. I never feel down or discouraged.						
18. I am depressed, and my mood stays the same all day long every day.						
19. My thoughts are always cheerful.						
20. I often feel restless.						
21. I often feel tired or slowed down.						
22. I sleep too much.						
23. It is hard for me to stay asleep.						
24. It is hard to think, concentrate, or make decisions.						
25. I eat too little or too much.						

NOMAD Anxiety Scale

Step 1: Please read through each statement below and indicate how well each one describes how you have been **over the past 2 weeks?**

Step 2: Go back through each statement and indicate how you were **right before your injury or illness.**

	Over the Past Two Weeks:			Before my Injury or Illness:		
	False	Partly True	Very True	False	Partly True	Very True
1. I seem to worry more than others.						
2. I lack confidence.						
3. I have so many worries that it is hard to relax.						
4. I rarely feel safe and secure.						
5. I feel a sense of fear or dread.						
6. I often have feelings of intense fear or panic when there is no real danger.						
7. I often have fears about going crazy.						
8. I have much stronger fears than most people about certain things, places, or activities.						
9. Because of fear, I avoid activities, things, or places that most people would not avoid.						
10. Bad memories or nightmares often bother me.						
11. I am more jumpy or easily startled than others.						
12. I often try to avoid certain social situations because they make me nervous.						
13. I often worry about what others think of me.						
14. Often I can't stop doing things over and over (like counting, re-checking, washing, or cleaning).						
15. Often I can't stop certain distressing thoughts from running through my mind.						
16. I have been too stressed to be able to sleep at all.						
17. I am always confident.						
18. I constantly feel startled.						
19. I have no fears or worries.						
20. I have fears that I am about to die or lose control.						
21. I worry so much that it is hard to fall asleep.						
22. My muscles are tense or tight from stress or worry.						
23. I often sweat from stress even when it's not hot.						
24. I am often so nervous that my breath or heart rate seems to speed up or become uneven.						
25. I am often so worried or tense that my appetite or ability to digest food is affected.						