

Personal Behavior Scale

For each of the following items, select the answer that best describes what you have been doing or feeling DURING THE PAST 30 DAYS, and circle its number. Please answer as accurately as you can. Remember that all of the information you provide is kept strictly confidential.

FOR OFFICE USE ONLY

_____ Study
 _____ ID
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 _____ Date
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Circle only one answer.	A lot more than usual	Somewhat more than usual	About the same as usual	Somewhat less than usual	A lot less than usual
1. I have been sleeping	5	4	3	2	1
2. I have felt like eating	5	4	3	2	1
3. My energy level has been	5	4	3	2	1
4. I have been exercising	5	4	3	2	1
5. I have eaten sweet things	5	4	3	2	1
6. I have felt thirsty	5	4	3	2	1
7. I have smoked tobacco	5	4	3	2	1
8. I have had drinks with caffeine, such as coffee, tea, or sodas (like Coke, Pepsi, etc.)	5	4	3	2	1
9. I have watched TV	5	4	3	2	1
10. I have enjoyed my life	5	4	3	2	1
11. I have wanted sex	5	4	3	2	1
12. I have had sex	5	4	3	2	1
13. I have eaten salty foods	5	4	3	2	1
14. I have spent money on things I didn't really need	5	4	3	2	1
15. I have enjoyed the taste of food	5	4	3	2	1
16. I have felt tired	5	4	3	2	1
17. I have spent time with friends	5	4	3	2	1
18. I have felt like drinking alcohol	5	4	3	2	1
19. I have been drinking alcohol	5	4	3	2	1