



This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

Score your responses below using this scoring method.

Scoring:

- 0 Not at all
- 1 Several days
- 2 More than half the days
- 3 Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems:

1. ___ Do you have little interest or pleasure in doing things
2. ___ Do you feel down, depressed, or hopeless
3. ___ Do you have trouble falling or staying asleep, or sleeping too much
4. ___ Do you feel tired or have little energy
5. ___ Do you have a poor appetite or are you overeating different from what you consider normal
6. ___ Do you feel bad about yourself - or that you are a failure or have let yourself or your family down
7. ___ Do you have trouble concentrating on things, such as reading the newspaper or watching television
8. ___ Are you moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual
9. ___ Are you having thoughts that you would be better off dead or of hurting yourself in some way

___ Total

When finished with the questionnaire please return to your physician.

*Questions adapted from the Prime MD Today Patient Health Questionnaire.