

PATIENT HEALTH QUESTIONNAIRE

NAME: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following? (√ your answer)

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
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				
Thoughts that you would be better off dead, or of hurting yourself				
Feeling nervous, anxious, or on edge				
Not being able to stop or control worrying				
Worrying too much about different things				
Trouble relaxing				
Being so restless that it's hard to sit still				
Becoming easily annoyed or irritable				
Feeling afraid as if something awful might happen				

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

MOOD QUESTIONNAIRE

NAME: _____ DATE: _____

Please answer each question to the best of your ability.

Has there ever been a period of time when you were not your usual self and...

	Yes	No
...you felt so good or so hyper that other people thought you were not your normal self or you were so hyper that you got into trouble?		
...you were so irritable that you shouted at people or started fights or arguments?		
...you felt much more self-confident than usual?		
...you got much less sleep than usual <i>and</i> found you didn't really miss it?		
...you were more talkative or spoke much faster than usual?		
...thoughts raced through your head or you couldn't slow your mind down?		
...you were so easily distracted by things around you that you had trouble concentrating or staying on track?		
...you had more energy than usual?		
...you were much more active or did many more things than usual?		
...you were much more social or outgoing than usual, for example, you telephoned friends in the middle of the night?		
...you were much more interested in sex than usual?		
...you did things that were unusual for you or that other people might have thought were excessive, foolish, or risky?		
...spending money got you or your family in trouble?		
If you checked yes to more than one of the above, have several of these ever happened during the same period of time?		

How much of a problem did any of these cause you – like being unable to work; having family, money, or legal troubles; getting into arguments or fights?

- No problems
 Minor problem
 Moderate problem
 Serious problem

PROBLEMS AND COMPLAINTS LIST

NAME: _____ DATE: _____

The next questions are about problems and complaints that people sometimes have in response to stressful life experiences. Please indicate how much you have been bothered by each problem in the past month.

	Not at all	A little bit	Moderately	Quite a bit	Extremely
Repeated, disturbing memories, thoughts, or images of a stressful experience from the past?					
Repeated, disturbing dreams of a stressful experience from the past?					
Suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)?					
Feeling very upset when something reminded you of a stressful experience from the past?					
Having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?					
Avoiding thinking or talking about a stressful experience from the past or avoiding having feelings related to it?					
Avoided activities or situations because they reminded you of a stressful experience from the past?					
Having trouble remembering important parts of a stressful experience from the past?					
Loss of interest in activities that you use to enjoy?					
Feeling distant or cut off from other people?					
Feeling emotionally numb or being unable to have loving feelings for those close to you?					
Feeling as if your future somehow will be cut short?					
Having trouble falling or staying asleep?					
Feeling irritable or having angry outbursts?					
Difficulty concentrating?					
Being "super-alert" or watchful or on guard?					
Feeling jumpy or easily startled?					

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all _____
- Somewhat difficult _____
- Very difficult _____
- Extremely difficult _____

CAGE-AID QUESTIONNAIRE

NAME: _____ DATE: _____

For the following questions, when thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

	Yes	No
Have you ever felt that you ought to cut down on your drinking or drug use?		
Have people annoyed you by criticizing your drinking or drug use?		
Have you ever felt bad or guilty about your drinking or drug use?		
Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of hangovers?		
Have you ever found yourself using drinking or drugs to cope with stress?		
Have you ever found that you were unable to stop drinking or using drugs once you had started?		
Have you ever failed to do what was normally expected from you because of drinking or drug use?		
Have you or someone else been injured as a result of your drinking or drug use?		
Has a relative, friend, doctor, or another health professional expressed concern about your drinking or drug use or suggested you cut down?		