

A Survey from Your Healthcare Provider

Part of routine screening for your health includes reviewing mood and emotional concerns.

During the past two weeks , how often have you been bothered by any of the following problems?	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				

If your total score from the above questions is **3 or greater**, please continue the questionnaire below. If your total score is **less than 3**, you may stop here.

During the past two weeks , how often have you been bothered by any of the following problems?	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
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 in some way				

If you are experiencing any of the problems on this form, 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