



Name _____ Birthdate _____ Doctor _____ Today's Date _____

A Survey from Your Healthcare Provider

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

During the past two weeks, have you been bothered by the following problems?

Feeling down, depressed, irritable or hopeless? Yes No

Little interest or pleasure in doing things? Yes No

If you answered "Yes" to either question above, please answer all questions below.

| During the past two weeks , how often have you been bothered by the following problems? | (0) Not at All | (1) Several Days | (2) More than Half the Days | (3) Nearly Every Day |
|---|-------------------|---------------------|--------------------------------|-------------------------|
| Feeling down, depressed, irritable or hopeless | | | | |
| Little interest or pleasure in doing things | | | | |
| Trouble falling or staying asleep or sleeping in too much | | | | |
| Poor appetite, weight loss, or overeating | | | | |
| Feeling tired or having little energy | | | | |
| Feeling bad about yourself --or feeling that you are a failure, or have let yourself or your family down | | | | |
| Trouble concentrating on things, like 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 were 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

For Office Use Only:

Total Score: _____