

# HEALTH QUESTIONNAIRE

Over the <b>last 2 weeks</b> , how often have you been <b>bothered by any of the following problems?</b> (circle the most appropriate answer)	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF OF THE DAYS	NEARLY EVERY DAY
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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	0	1	2	3
Thoughts that you would be better off dead or hurting yourself in some way	0	1	2	3
COLUMN TOTALS	+	+	+	
<b>= TOTAL SCORE</b>				
<p>If you checked off <u>any</u> problems, how <u>difficult</u> have these problems made it for you to do your work, take care of things at home, or get along with other people?</p> <p> <input type="checkbox"/> Not difficult at all              <input type="checkbox"/> Somewhat difficult              <input type="checkbox"/> Very difficult              <input type="checkbox"/> Extremely difficult         </p>				

**If your score equals 10 or higher, call your healthcare provider for further evaluation.**

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer.  
No permission required to reproduce, translate, display or distribute.

