

PATIENT QUESTIONNAIRE

Name: _____ Date: _____

Over the last two weeks:				
A.	Mood	Have you felt down, depressed, or hopeless?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B.	Interest	Have you felt little interest or pleasure in doing things?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Over the last month or so:				
1.	Menstrual Cycle	My menstrual cycle is somewhat irregular.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		My menstrual cycle has changed considerably or I no longer have a menstrual cycle.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		My menstrual cycle is unpredictable.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2.	Hot Flashes / Night Sweats	My hot flashes or night sweats are mild.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		My hot flashes or night sweats are moderate.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		My hot flashes or night sweats are severe.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3.	Pain	I have some nagging aches and pains that do not get better.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		I have a considerable amount of nagging aches and pains.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		I have nagging aches and pains all the time that don't get better, no matter what I do.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4.	Stress	I have more than my usual amount of stress.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		I have a lot of stress all the time.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		I have an unbearable amount of stress.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

**If you answered “YES” to any of the above questions,
please turn this page over and continue.**

Please circle the number (0, 1, 2, or 3) for each statement that best describes you during the past two weeks.

1.	Mood <input type="checkbox"/>	I have felt down, depressed, or hopeless – not at all	0
		I have felt down, depressed, or hopeless – several days	1
		I have felt down, depressed, or hopeless – most of the days	2
		I have felt down, depressed, or hopeless – nearly every day	3
2.	Interest <input type="checkbox"/>	I have felt little interest or pleasure in doing things – not at all	0
		I have felt little interest or pleasure in doing things – several days	1
		I have felt little interest or pleasure in doing things – most of the days	2
		I have felt little interest or pleasure in doing things – nearly every day	3
3.	Appetite <input type="checkbox"/>	My appetite or weight has not changed.	0
		My appetite or weight has increased or decreased somewhat.	1
		My appetite or weight has increased or decreased a great deal.	2
		I eat with extreme effort OR I feel driven to overeat.	3
4.	Sleep <input type="checkbox"/>	I sleep well most nights.	0
		I have trouble sleeping part of the time.	1
		I sleep poorly, most or all of the time.	2
		I sleep very poorly almost every night.	3
5.	Psychomotor <input type="checkbox"/>	I am not fidgety, restless, or sluggish.	0
		I am somewhat fidgety, restless, or sluggish.	1
		I am quite fidgety, restless, or sluggish.	2
		I cannot stay still OR it takes a huge amount of effort to get going or respond to things.	3
6.	Energy <input type="checkbox"/>	I have had no change in my usual amount of energy.	0
		I get tired more than usual.	1
		It takes a lot of effort to get through my usual daily activities.	2
		I cannot muster the energy to get through my daily activities.	3
7.	Concentration <input type="checkbox"/>	There is no change in my ability to think or to make decisions.	0
		I occasionally feel like I cannot concentrate or make a decision.	1
		Most of the time, I cannot concentrate or make a decision.	2
		I cannot concentrate or make even small decisions.	3
8.	Self-Worth <input type="checkbox"/>	I see myself as worthwhile and deserving.	0
		I have been feeling guilty, worthless, and that things are my fault more than usual.	1
		I have been feeling guilty, worthless, and that things are my fault a great deal of the time.	2
		I believe I am worthless all of the time.	3
9.	Negative Thoughts <input type="checkbox"/>	I feel OK about my future.	0
		I think more than usual about death and dying.	1
		Dying would be a release from the way I feel.	2
		I would like to take my own life.	3
STOP HERE			
A			B