



Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Part of routine screening for your health includes reviewing mood and emotional concerns.  
**During the past two weeks, have you been bothered by any of the following problems?**

- Little interest or pleasure in doing things  YES  NO  
 Feeling down, depressed, or hopeless  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 any of the following problems?**

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much	0	1	2	3
4. Poor appetite, weight loss, or overeating	0	1	2	3
5. Feeling tired or having little energy	0	1	2	3
6. Feeling bad about yourself – or feeling that you are a failure, or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, like reading the newspaper or watching television	0	1	2	3
8. 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
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

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

For office use only: Total Score \_\_\_\_\_