|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Over the *last two weeks,* how often have you been bothered by any of the following problems? (please circle your answer & check the boxes that apply to you)** | **Not At All** | **Several Days** | **More than ½ the Days** | **Nearly Every Day** |  |
| 1. Little interest or pleasure in doing things
 | 0 | 1 | 2 | 3 |  |
| 1. Feeling down, depressed, or hopeless
 | 0 | 1 | 2 | 3 |  |
| 1. □ Trouble falling or staying asleep, or

□ Sleeping too much | 0 | 1 | 2 | 3 |  |
| 1. Feeling tired or having little energy
 | 0 | 1 | 2 | 3 |  |
| 1. □ Poor appetite, or

□ Overeating | 0 | 1 | 2 | 3 |  |
| 1. Feeling bad about yourself -or that you are a failure or have let yourself or your family down
 | 0 | 1 | 2 | 3 |  |
| 1. Trouble concentrating on things, such as reading the newspaper or watching television
 | 0 | 1 | 2 | 3 |  |
| 1. □ Moving or speaking so slowly that other people  could notice, or the opposite,

□ Being so fidgety or restless that you have been  moving around a lot more than usual | 0 | 1 | 2 | 3 |  |
| 1. □ Thoughts that you would be better off dead, or □ Thoughts of hurting yourself in some way
 | 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 (check one)?\_\_\_\_Not difficult at all \_\_\_\_Somewhat difficult \_\_\_\_Very difficult \_\_\_\_Extremely difficult | Total |
| (PHQ9; 10) Add Columns: |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **How often *during the past 2 weeks* have you felt bothered by(please circle your answer)*:*** | **Not At All** | **Several Days** | **More than ½ the Days** | **Nearly Every Day** |  |
| 1. Feeling nervous, anxious, or on edge?
 | 0 | 1 | 2 | 3 |  |
| 1. Not being able to stop or control worrying?
 | 0 | 1 | 2 | 3 |  |
| 1. Worrying too much about different things?
 | 0 | 1 | 2 | 3 |  |
| 1. Trouble relaxing?
 | 0 | 1 | 2 | 3 |  |
| 1. Being so restless that it is hard to sit still?
 | 0 | 1 | 2 | 3 |  |
| 1. Becoming easily annoyed or irritable?
 | 0 | 1 | 2 | 3 |  |
| 1. Feeling afraid as if something awful might happen?
 | 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 (check one)?\_\_\_\_Not difficult at all \_\_\_\_Somewhat difficult \_\_\_\_Very difficult \_\_\_\_Extremely difficult | Total |
| (GAD7; 10) Add Columns: |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***Please circle your answer to each of the following questions:*** | **0** | **1** | **2** | **3** | **4** |  |
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4 or more times a week |  |
| 2. How many standard drinks containing alcohol do you have on a typical day? | 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more |  |
| 3. How often do you have six or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily | Total |
| (AUDIT-C; Men 4+, Women 3+) Add Columns: |  |  |  |  |  |

**Standard serving of one drink:**

12 ounces of beer or wine cooler

1.5 ounces of 80 proof liquor

5 ounces of wine

4 ounces of brandy, liqueur or aperitif

These instruments are adapted from the PHQ9, GAD7, and the AUDIT