## Stress Questionnaire



OB:		MRN:			
Over the <i>last two weeks</i> , 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	
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) Feeling tired or having little energy	0	1	2	3	
5) □ Poor appetite, or □ Overeating	0	1	2	3	
6) Feeling bad about yourself -or that you are a failure or have let yourself or your family down	0	1	2	3	
7) Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	
<ul> <li>Being so fidgety or restless that you have been moving around a lot more than usual</li> </ul>	0	1	2	3	
9)   Thoughts that you would be better off dead, or	0	1	2	3	

Not difficult at all	Somewhat difficult	Very difficult	tF	Extremely d	ifficult	

Total

(PHQ9; 10) Columns:

Add

## **Stress Questionnaire**



Patient Name:			Date:			
DOB:						
How often during the past 2 weeks have you bothered by (please circle your answer):	felt	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	
3) Worrying too much about different things?		0	1	2	3	
4) Trouble relaxing?		0	1	2	3	
5) Being so restless that it is hard to sit	still?	0	1	2	3	1
6) Becoming easily annoyed or irritable	?	0	1	2	3	
7) Feeling afraid as if something awful might happen?		0	1	2	3	
If you checked off any problems, how difficult take care of things at home, or get along with Not difficult at allSomewhat defined to the content of the content	other pe	eople (check	one)?			Total
(GAD7; 10) Add						Total
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 mo	a
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 mo	

Never

## Standard serving of one drink:

- 12 ounces of beer or wine cooler
- 1.5 ounces of 80 proof liquor

drinks on one occasion?

- 5 ounces of wine
- 4 ounces of brandy, liqueur or aperitif

3. How often do you have six or more

(AUDIT-C; Men 4+, Women 3+) Add Columns:



Less

than

monthly

Monthly

Weekly

Daily or

almost daily

Total

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