

Northern Michigan University Health Center
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Today's Date: _____

Name: _____

Date of Birth: _____

Over the **last two weeks**, how often have you been bothered by any of the following problems?

(Place an "X" in the box that corresponds to your answer.)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep – or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
8. 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				
9. Thoughts that you would be better off dead or of hurting yourself in some way				
**For office coding	0 x _____	1 x _____	2 x _____	3 x _____
**For office coding			Total: _____	

If you checked off **any** problems above, 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

Over the **last two weeks**, how often have you been bothered by any of the following problems?

(Place an "X" in the box that corresponds to your answer.)	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge				
2. Not being able to stop or control worrying				
3. Worrying too much about different things				
4. Trouble relaxing				
5. Being so restless that it's hard to sit still				
6. Becoming easily annoyed or irritable				
7. Feeling afraid as if something awful might happen				
**For office coding	0 x _____	1 x _____	2 x _____	3 x _____
**For office coding			Total: _____	

If you checked off **any** problems above, 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