

Over the *last 2 weeks* how often have you been bothered by any of the following problems? (circle the number 0, 1, 2 or 3 to indicate your answer)

YOUR NAME: _____	Not at all	Several days	More than half the days	Nearly every day
1. Little interest in 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, or at work, 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 hurting yourself in some way	0	1	2	3

Total: ___X___ + _____ + _____ + _____

If you circled 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? Please check a box below.

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>