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SUPPORT PROVIDED BY THE HENRY J. KAISER FAMILY FOUNDATION

day's Date:		Name	e:				D	ate of Bi	rth: _		
Over the last 2 weeks, how often have you been bothered by any of the following problems?				No	Not at all		veral lays	More than half the days		Nearly every day	
Little interest or pleasure in doing things					0		1	2	2 3		
2. Feeling down, depressed, or hopeless					0		1	2		3	
3. Feeling nervous, anxious, or on edge					0		1	2		3	
4. Not being able to stop or control worrying					0		1	2		3	
Has there ever l	been a period	of tim	ne when you were	not yo	our usual	self	and		No		Yes
5 you felt so good or full of energy that other people thought you were not your normal self or it got you into trouble? (e.g., unable to sleep, over-spending, gambling)											
6you were so irritable that you shouted at people or started fights or arguments?											
During the past year:									No		Yes
7. Have you had 4 or more drinks (women) / 5 or more drinks (men) in a day?											
3. Have you used	d an illegal drug	g or us	ed a prescription dr	ug for a	non-med	lical r	eason?				
Over the last 4 v	wooks								No		Yes
9. Have you had a problem with sleep more than occasionally? (This could include: trouble falling asleep, waking frequently, or sleeping too much.)										\dashv	
overall health			s that most accura ss. SOCIAL A			your	daily ac	tivities, so			ities a
How much difficulty have you had doing your usual activities or task, both inside and outside the house because of your physical and emotional health?			Has your physical and emotional health limited your social activities with family, friends, neighbors, or groups?			1	How would you rate your he			lth in (general?
No difficulty at all	9	1	Not at all		* * * * *	1		Excellent		(3)	
A little bit of difficulty	(E)	2	Slightly			2		Very good		(80)	
Some difficulty	(E)	3	Moderately	∅		3		Good		(S)	
Much difficulty		4	Quite a bit	⊕		4		Fair		(a)	
Could not do	P	5	Extremely	@ •		5		Poor		\bigcirc	

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