

How often have you been bothered by each of the following symptoms during the past TWO WEEKS?	Not at all	Several days	More than half the days	Nearly every day
1. 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 that you have let yourself or your family down?	0	1	2	3
7. Trouble concentrating on things such as reading the newspaper or watching TV?	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 of hurting yourself in some way?	0	1	2	3

For Office Scoring

Total

How often have you been bothered by each of the following symptoms during the past TWO WEEKS?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge?	0	1	2	3
2. Not being able to stop or control worrying?	0	1	2	3
3. Worrying too much about things?	0	1	2	3
4. Trouble relaxing?	0	1	2	3
5. Being so restless that it's hard to sit still?	0	1	2	3
6. Becoming easily annoyed or irritable?	0	1	2	3
7. Feeling afraid as if something awful might happen?	0	1	2	3

For Office Scoring

Total
