* REQUIRED INFORMATION

FIRST NAME *	MIDDLE NAME	LAST NAME *
Enter first name here	Enter middle name here	Enter last name here

Over the last 2 weeks, how often have you been bothered by any of the following problems?

0 - Not at all

1 - Several days

2 - More than half the days

3 - Nearly every day

1. LITTLE INTEREST OR PLEASURE IN DONG 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. FEEL 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 TELEVISON

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

COLUMN TOTALS

0	1	2	3
0	0	0	0

TOTAL

0