

Link Therapy and Mediation Patient Health Questionnaire

To be completed by patient

Name: _____

Date _____

Over the last two weeks, how often have you been bothered by the following problems?	Not at All	Some 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 have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper, doing homework, 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 you would be better off dead or of hurting yourself	0	1	2	3
Column Totals		+	+	=
Add Totals Together				
10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?	Not Difficult	Some Difficulty	Very Difficult	Extremely Difficult
Over the last two weeks, how often have you been bothered by the following problems?	Not at All	Some 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 different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is 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
Column Totals		+	+	=
Add Totals Together				
8. If you checked off any of these 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?	Not Difficult	Some Difficulty	Very Difficult	Extremely Difficult
When thinking about drug use, including illegal drug use and prescription drug use other than prescribed (in the last 12 months):			Yes	No
1. Have you ever felt that you ought to cut down on your drinking or drug use?				
2. Have people annoyed you by criticizing your drinking or drug use?				
3. Have you felt bad or guilty about your drinking or drug use?				
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?				