HealthPlan OF SAN MATEO
Healthy is for everyone

Patient Name: _____

Date of Visit: _____

Part B

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

1. Feeling nervous, anxious, or on edge
   ⓪ Not at all ① Several days ② More than half the days ③ Nearly every day
2. Not being able to stop or control worrying
   ⓪ Not at all ① Several days ② More than half the days ③ Nearly every day
3. Worrying too much about different things
   ⓪ Not at all ① Several days ② More than half the days ③ Nearly every day
4. Trouble relaxing
   ⓪ Not at all ① Several days ② More than half the days ③ Nearly every day
5. Being so restless that it is hard to sit still
   ⓪ Not at all ① Several days ② More than half the days ③ Nearly every day
6. Becoming easily annoyed or irritable
   ⓪ Not at all ① Several days ② More than half the days ③ Nearly every day
7. Being afraid as if something awful might happen
   ⓪ Not at all ① Several days ② More than half the days ③ Nearly every day

Part C

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

1. Little interest or pleasure in doing things
   ⓪ No days ① Several days ② 7 or more days ③ Nearly every day
2. Feeling down, depressed or hopeless
   ⓪ No days ① Several days ② 7 or more days ③ Nearly every day
3. Trouble falling or staying asleep, or sleeping too much
   ⓪ No days ① Several days ② 7 or more days ③ Nearly every day
4. Feeling tired or having little energy
   ⓪ No days ① Several days ② 7 or more days ③ Nearly every day

Part C continued

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

5. Poor appetite or overeating

⓪ No days ① Several days ② 7 or more days ③ Nearly every day

6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down

⓪ No days ① Several days ② 7 or more days ③ Nearly every day

7. Trouble concentrating on things, such as reading the newspaper or watching television

⓪ No days ① Several days ② 7 or more days ③ Nearly every day

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 No days ① Several days ② 7 or more days ③ Nearly every day

9. Thoughts that you would be better off dead or of hurting yourself in some way

⓪ Not at all ① Several days ② More than half the days ③ Nearly every day

10. If you checked 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?

⓪ Not difficult at all ① Somewhat difficult ② Very difficult ③ Extremely difficult

Part D

1. Have you ever ridden in a car driven by someone (including yourself) who was “high” or had been using alcohol or drugs?

⓪ No ① Yes

2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?

⓪ No ① Yes

3. Do you ever use alcohol or drugs while you are by yourself, or alone?

⓪ No ① Yes

4. Do you ever forget things you did while using alcohol or drugs?

⓪ No ① Yes

5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?

⓪ No ① Yes

6. Have you ever gotten into trouble while you were using alcohol or drugs?

⓪ No ① Yes