AMHA-NW PERSONAL HEALTH QUESTIONNAIRE: Short Form

Name			
Date of birth		Date today	

This questionnaire is an important part of providing you will the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability.

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

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

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

		Not al all 0	Several days 1	More than half the days 2	Nearly every day 3
1.	Little interest or pleasure in doing things	☐	☐	☐	☐
2.	Feeling down, depressed or hopeless	☐	☐	☐	☐
3.	Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
4.	Feeling tired or having little energy	☐	☐	☐	☐
5.	Poor appetite or overeating	☐	☐	☐	☐
6.	Feeling bad about yourself—or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
7.	Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
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	☐	☐	☐	☐
9.	Thoughts that you would be better of dead or hurting yourself in some way	☐	☐	☐	☐
	PHQ-9 Score	☐ =	☐ +	☐ +	☐

C.

		Not al all 0	Several days 1	More than half the days 2	Nearly every day 3
1.	Since your last visit, how many days have you had more than (3 for women, or 4 for men) alcoholic drinks?	☐	☐	☐	☐
2.	Since your last visit, how often have you used any recreational drugs?	☐	☐	☐	☐

D. If you checked off any problems on this questionnaire, how difficult have the problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all ☐ Somewhat difficult ☐ Very difficult ☐ Extremely difficult ☐

E. For follow-up visits only:

		Not at all 1	Partly 2	Mostly 3	Very much 4
1.	In our last session, we talked about things that are important to me.	☐	☐	☐	☐
2.	Based on our last session, I felt that my therapist/prescriber understood and respected me.	☐	☐	☐	☐
3.	I felt confident that my therapist/prescriber and I worked well together.	☐	☐	☐	☐