

## Stress Questionnaire

Page 1 of 1 (Double-sided)

Over the <b>last two weeks</b> , how often have you been bothered by any of the following problems? (please circle your answer & <b>check the boxes that apply to you</b> )	Not at all	Several days	More than 1/2 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. <input type="checkbox"/> Trouble falling or staying asleep, or <input type="checkbox"/> sleeping too much	0	1	2	3	
4. Feeling tired or having little energy	0	1	2	3	
5. <input type="checkbox"/> Poor appetite or <input type="checkbox"/> 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 or watching TV	0	1	2	3	
8. <input type="checkbox"/> Moving or speaking so slowly that other people could notice, or the opposite - <input type="checkbox"/> so fidgety or restless that you've been moving around a lot more than usual	0	1	2	3	
9. <input type="checkbox"/> Thoughts that you would be better off dead, or <input type="checkbox"/> of hurting yourself in some way	0	1	2	3	<b>Total</b>
(10)	Add columns:				
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	<b>Total</b>
(8)	Add columns:				

If you checked off any problems above, how difficult has it been for you to do your work, take care of things at home or get along with people?

Not at all difficult     
  Somewhat difficult     
  Very difficult     
  Extremely difficult

Drinking alcohol can affect your health. This is especially important if you take certain medications. We want to help you stay healthy and lower your risk for the problems that can be caused by drinking.

**Please circle your answer.**

Have you ever felt you should <b>C</b> ut down on your drinking?	No	Yes
Have people <b>A</b> nnoyed you by criticizing your drinking?	No	Yes
Have you ever felt bad or <b>G</b> uilty about your drinking?	No	Yes
Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover ( <b>E</b> ye opener)?	No	Yes
(2)	<b>Total Yes':</b>	

Sometimes what we have experienced in the past affects our physical health today.

**Please circle your answer.**

In your life, have you had any experience that was so frightening, horrible, or upsetting that, ***in the past month***, you:

1. Have had nightmares about it or thought about it when you did not want to?	No	Yes
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
3. Were constantly on guard, watchful, or easily startled?	No	Yes
4. Felt numb or detached from others, activities, or your surroundings?	No	Yes

(3)

**Total Yes':**