

INSTITUTE FOR PERSONAL EXCELLENCE, P.A.

Brief Health Questionnaire

Name:                                      Birth Date:                      Sex:              Date:

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

	Not at all	Several days	More than _ the days	Nearly every day
Little interest/pleasure when engaging in things				
Feeling down, depressed or sad				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or drained of energy				
Poor appetite or over eating				
Feeling bad about yourself – that you are a failure or you have let your family down				
Trouble concentrating on things, such as reading the newspaper or watching t.v.				
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				
Thoughts that you would be better off dead or hurting yourself in some way				

2. Questions about anxiety:

	Yes	No
In the last 4 weeks, have you had an anxiety attack? (If no, go to #3)		
Has this ever happened before?		
Do some of these attacks come suddenly out of the blue, in situations where you don't expect to be nervous or uncomfortable?		
Do these attacks bother you a lot or are you worried about having another attack?		
During your last bad anxiety attack, did you have symptoms like shortness of breath, sweating, your heart racing or pounding, dizziness or faintness, tingling or numbness, or nausea or upset stomach?		

3. If you checked off any problems on this questionnaire so far, 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 at all	Somewhat difficult	Very difficult	Extremely difficult