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

- Little interest or pleasure in doing things
- Feeling down, depressed or hopeless
- Feeling nervous, anxious or on edge
- Not being able to stop or control worrying

Please circle Yes or No for each of the following:

**Yes**  No Did you ever experience a period of several days or more when you felt unusually or excessively high or irritable? This is very different from being "in a good mood" or feeling the effects of a substance.

**Yes**  No Have you ever experienced or witnessed or had to deal with an extremely traumatic event that included actual or threatened death or serious injury to you or someone else?

**Yes**  No Are you content with your sleep?

**Yes**  No Are you excessively sleepy during the day?

**Yes**  No Do you have as much contact as you would like with someone you feel close to, someone you can trust and confide in?

In the last year...

**Yes**  No ...have you ever drank or used drugs more than you meant to?

**Yes**  No ...have you felt you wanted or needed to cut down on your drinking or drug use?