

# Tell us about yourself



NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please circle the one response to each item  
that best describes you for the past seven days.

## 1. Falling Asleep:

- 0 I never take longer than 30 minutes to fall asleep.
- 1 I take at least 30 minutes to fall asleep less than half the time.
- 2 I take at least 30 minutes to fall asleep more than half the time.
- 3 I take more than 60 minutes to fall asleep more than half the time.

## 2. Sleep During the Night:

- 0 I do not wake up at night.
- 1 I have a restless, light sleep with a few brief awakenings each night.
- 2 I wake up at least once a night, but I go back to sleep easily.
- 3 I awaken more than once a night and stay awake for 20 minutes or more, more than half the time.

## 3. Waking Up too Early:

- 0 Most of the time, I awaken no more than 30 minutes before I need to get up.
- 1 More than half the time, I awaken more than 30 minutes before I need to get up.
- 2 I almost always awaken at least one hour or so before I need to, but I go back to sleep eventually.
- 3 I awaken at least one hour before I need to and can't go back to sleep.

## 4. Sleeping Too Much:

- 0 I sleep no longer than 7-8 hours/night, without napping during the day.
- 1 I sleep no longer than 10 hours in a 24-hour period including naps.
- 2 I sleep no longer than 12 hours in a 24-hour period including naps.
- 3 I sleep longer than 12 hours in a 24-hour period including naps.

## 5. Feeling Sad:

- 0 I do not feel sad.
- 1 I feel sad less than half the time.
- 2 I feel sad more than half the time.
- 3 I feel sad nearly all the time.

(Please complete either 6 or 7)

## 6. Decreased Appetite:

- 0 My usual appetite has not decreased.
- 1 I eat somewhat less often or lesser amounts of food than usual.
- 2 I eat much less than usual and only with personal effort.
- 3 I rarely eat within a 24-hour period, and only with extreme personal effort or when others persuade me to eat.

## 7. Increased Appetite:

- 0 My usual appetite has not increased.
- 1 I feel a need to eat more frequently than usual.
- 2 I regularly eat more often and/or greater amounts of food than usual.
- 3 I feel driven to overeat both at mealtime and between meals.

(Please complete either 8 or 9)

## 8. Decreased Weight (within the last 2 weeks):

- 0 My weight has not decreased.
- 1 I feel as if I've had a slight weight loss.
- 2 I have lost 2 pounds or more.
- 3 I have lost 5 pounds or more.

## 9. Increased Weight (within the last 2 weeks):

- 0 I have not had a change in my weight.
- 1 I feel as if I've had a slight weight gain.
- 2 I have gained 2 pounds or more.
- 3 I have gained 5 pounds or more.

**10. Concentration/Decision Making:**

- 0 There is no change in my usual capacity to concentrate or make decisions.
- 1 I occasionally feel indecisive or find that my attention wanders.
- 2 Most of the time, I struggle to focus my attention or to make decisions.
- 3 I cannot concentrate well enough to read or cannot make even minor decisions.

**11. View of Myself:**

- 0 I see myself as equally worthwhile and deserving as other people.
- 1 I am more self-blaming than usual.
- 2 I largely believe that I cause problems for others.
- 3 I think almost constantly about major and minor defects in myself.

**12. Thoughts of Suicide or Death:**

- 0 I do not think of suicide or death.
- 1 I feel that life is empty or wonder if it's worth living.
- 2 I think of suicide or death several times a week for several minutes.
- 3 I think of suicide or death several times a day in some detail or have actually tried to take my life.

**13. General Interest:**

- 0 There is no change from usual in how interested I am in other people or activities.
- 1 I notice that I am less interested in people or activities.
- 2 I find I have interest in only one or two of my formerly pursued activities.
- 3 I have virtually no interest in formerly pursued activities.

**14. Energy Level:**

- 0 There is no change in my usual level of energy.
- 1 I get tired more easily than usual.
- 2 I have to make a big effort to start or finish my usual daily activities (for example, shopping, homework, cooking, or going to work).
- 3 I really cannot carry out most of my usual daily activities because I just do not have the energy.

**15. Feeling Slowed Down:**

- 0 I think, speak and move at my usual rate of speed.
- 1 I find that my thinking is slowed down or my voice sounds dull or flat.
- 2 It takes me several seconds to respond to most questions and I'm sure my thinking is slowed.
- 3 I am often unable to respond to questions without extreme effort.

**16. Feeling Restless:**

- 0 I do not feel restless.
- 1 I'm often fidgety, wring my hands, or need to shift how I am sitting.
- 2 I have impulses to move about and am quite restless.
- 3 At times, I am unable to stay seated and need to pace around.

**FOR PHYSICIAN USE****TO SCORE:**

- 1. Enter the highest score on any 1 of the 4 sleep items (1 - 4) \_\_\_\_\_
- 2. Item 5 \_\_\_\_\_
- 3. Enter the highest score on any 1 appetite/weight item (6 - 9) \_\_\_\_\_
- 4. Item 10 \_\_\_\_\_
- 5. Item 11 \_\_\_\_\_
- 6. Item 12 \_\_\_\_\_
- 7. Item 13 \_\_\_\_\_
- 8. Item 14 \_\_\_\_\_
- 9. Enter the highest score on either of the 2 psychomotor items (15 and 16) \_\_\_\_\_
- TOTAL SCORE (RANGE 0 - 27)** \_\_\_\_\_