

| Over the <i>LAST 2 WEEKS</i> , how often have you been bothered by any of the following problems? (please circle a number to indicate your answer) | Not at all | Several days | More than half 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. Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 5. Poor appetite or 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 television | 0 | 1 | 2 | 3 |
| 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 | 0 | 1 | 2 | 3 |
| 9. Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |
| 10. Worried, tense, or panicky | 0 | 1 | 2 | 3 |
| 11. Irritable, impatient, or angry | 0 | 1 | 2 | 3 |
| | Never | One day | Several days | Nearly every day |
| 12. (Female) Had 4 or more alcohol drinks in a day (Male) Had 5 or more alcohol drinks in a day | 0 | 1 | 2 | 3 |
| 13. Used a recreational or illicit substance? Or a medication in ways other than prescribed | 0 | 1 | 2 | 3 |
| | Not difficult at all | Somewhat difficult | Very difficult | Extremely difficult |
| 14. How difficult have the problems on this page made it for you to function in your daily life? | 0 | 1 | 2 | 3 |

| Feelings about the <i>MOST RECENT VISIT</i> (if any) with this provider | Agree | Somewhat agree | Not sure | Somewhat disagree | Do not agree |
|--|-------|----------------|----------|-------------------|--------------|
| We worked well together | 0 | 1 | 2 | 3 | 4 |
| I made progress toward my goals | 0 | 1 | 2 | 3 | 4 |

Hand this to your provider. Say right away if you need any paperwork done today.

Optum Care Washington, PLLC

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