PATIENT QUESTIONNAIRES: STRESS MOOD AND DEPRESSION ASSESSMENT

Use this Stress, Mood and Depression Questionnaire is a personalized test to help you evaluate how you perceive your emotions and determine if stress and other mood disorders are interfering with your quality of life, overall health and wellbeing. By answering the questions in this questionnaire, you are answering your perceptions about how you feel, and it is subjective and unique to each individual. It may help you become aware of issues that may be interfering with your health and you may consider following up with a mental health professional for further diagnosis and treatment of excessive stress, anxiety, depression, or other mood problems. Other health evaluation tools can be used at the doctor's visit to help you distinguish what the problem is and incorporate successful lifestyle and nutritional recommendations to help restore balance and increase resilience to stress and other mood problems.

Please grade the questions on a scale of 0 to 10. When answering the questions, use 0, if you do not have any problem at all, and use 10, if the problem is intolerable and at its worst. When you answer the questionnaire on a repeated basis, changes of five or more points are significant. By answering the questions on a regular basis you can also use this questionnaire for tracking your mood and the way you deal with issues day to day. I would suggest you print it and use it on a weekly or monthly basis depending on your needs.

This questionnaire can also be brought to your health care professional and show him or her how your symptoms and what you feel have changed from one visit to the next. It is not designed to make a diagnosis of a mood disorder, or depression, or take the place of a professional diagnosis. If you suspect that you have a problem, please consult with your health care professional and/or mental health professional as soon as possible.

1. Do you feel slow or do things slowly? (answer in a scale of 0-10) ____________________________
2. Is it hard for you to focus, concentrate or complete a task? (answer in a scale of 0-10) ____________________________
3. Do you have trouble organizing your thoughts? (answer in a scale of 0-10) ____________________________
4. Do you feel your thoughts racing? (answer in a scale of 0-10) ____________________________
5. Do you speak fast and interrupt others when you talk? (answer in a scale of 0-10) ____________________________
6. Do you have a hard time making decisions? (answer in a scale of 0-10) ____________________________
7. Do you mistrust your judgments and feel insecure? (answer in a scale of 0-10) ____________________________
8. Have you lost the joy for things and feel like you don't enjoy your daily activities? (answer in a scale of 0-10) ____________
9. Do you feel hopeless about the future? (answer in a scale of 0-10) ____________________________
10. Have you lost interest in aspects of life that used to be important to you? (answer in a scale of 0-10) ____________
11. Do you feel sad, blue, or unhappy? (answer in a scale of 0-10) ____________________________
12. Do you constantly feel something terrible is going to happen? (answer in a scale of 0-10) ____________________________
13. Do you feel restless, agitated, anxious, pace the room, or keep moving around in an uneasy way? (answer in a scale of 0-10) ____________________________
14. Do you have excess tiredness or fatigue? (answer in a scale of 0-10) ____________________________
15. Do you get wound up and have a hard time calming down? (answer in a scale of 0-10) ____________________________
16. Do you have energy and motivation to soon lose and feel 'burned out' or 'exhausted'? (answer in a scale of 0-10) ____________________________
17. Do you get overwhelmed by your emotions? (answer in a scale of 0-10)

18. Do you cry easily or laugh inappropriately? (answer in a scale of 0-10)

19. Do you experience shortness of breath, palpitations (pounding in the chest), profuse sweating? (answer in a scale of 0-10)

20. Do you experience abdominal pain, diarrhea or constipation when stressed? (answer in a scale of 0-10)

21. Do you need to throw up or vomit for now apparent reason? (answer in a scale of 0-10)

22. Do you eat when bored, stressed, or when upset? (answer in a scale of 0-10)

23. Do you forget to eat? (answer in a scale of 0-10)

24. Do you have or experience heartburn or indigestion? (answer in a scale of 0-10)

25. Do you feel a sudden sense of anxiety when you feel hungry? (answer in a scale of 0-10)

26. Do you feel guilty after eating? (answer in a scale of 0-10)

27. Do you crave salt or salty things? (answer in a scale of 0-10)

28. Do you crave sweets or sweet things like pastries or cake? (answer in a scale of 0-10)

29. Do you crave other foods or substances? Yes  No  What?

30. Do you feel warm, overheated, and dry all over? (answer in a scale of 0-10)

31. Do you feel cold, clammy, - hands, feet, or all over - for no apparent reason? (answer in a scale of 0-10)

32. Do you get headaches frequently? (answer in a scale of 0-10)

33. Do you get hot flashes? (answer in a scale of 0-10)

34. Do you get cold sweats? (answer in a scale of 0-10)

35. Do you sweat a lot at night? (answer in a scale of 0-10)

36. Do you wake up with nightmares frequently? (answer in a scale of 0-10)

37. Do you get frequent mouth sores or sore tongue? (answer in a scale of 0-10)

38. Do you have difficulty getting to sleep (insomnia)? (answer in a scale of 0-10)

39. Do you stay awake revisiting the events of the day or planning for tomorrow? (answer in a scale of 0-10)

40. Do you wake up frequently during the night? (answer in a scale of 0-10)

41. Do you wake up tired and un-refreshed? (answer in a scale of 0-10)

42. Do you worry about things big and small? (answer in a scale of 0-10)

43. Do you feel like you can’t stop worrying even if you want to? (answer in a scale of 0-10)

44. Do you feel impulsive, or ready to explode? (answer in a scale of 0-10)

45. Do you have sore muscles and / muscle spasms? (answer in a scale of 0-10)

46. Do you have areas or multiple points in your body that when touched are tender or painful? (answer in a scale of 0-10)

47. Do you feel aggressive, unyielding, or inflexible when under pressure or pressed for time? (answer in a scale of 0-10)
48. Do you see, hear or smell things that others cannot? (answer in a scale of 0-10) ______________________________

49. Do you have upsetting images that enter your mind again and again? (answer in a scale of 0-10) _____________

50. Do you have a hard time stopping from doing things again and again, like checking on things or rearranging objects over and over? (answer in a scale of 0-10) __________________________________________________________

51. Do you have dark circles under your eyes? (answer in a scale of 0-10) ______________________________

52. Do you use medications to manage pain? (answer in a scale of 0-10) ______________________________

53. Do you use alcohol to help you with your moods, to relax, or to cope with a situation? (answer in a scale of 0-10) ______________________________________________________________________________________________________

54. Do you use illegal substances? Yes No What? __________________________ How often? _______________________

55. Do you feel depressed? (answer in a scale of 0-10) ______________________________

56. Do you think you are lazy? (answer in a scale of 0-10) ______________________________

57. Are you forgetful? (answer in a scale of 0-10) ______________________________

58. Do you catch colds or infections easily? (answer in a scale of 0-10) ______________________________

59. Do you experience a mild yet lingering fatigue after exertion or physical activity? (answer in a scale of 0-10) ______________________________

60. Have you lost interest in sex? (answer in a scale of 0-10) ______________________________

61. Do you feel guilty and feel like you deserve to be punished? (answer in a scale of 0-10) ______________________________

62. Do you feel like a failure? (answer in a scale of 0-10) ______________________________

63. Do you feel lifeless? (answer in a scale of 0-10) ______________________________

64. Do you feel trapped in a situation that you cannot change? (answer in a scale of 0-10) ______________________________

65. Have you lost or gained weight without an apparent reason? (answer in a scale of 0-10) ______________________________

NOW TOTAL ALL YOUR ANSWERS: WHAT WAS YOUR TOTAL SCORE: ______________________________________________________

IF YOU ANSWERED A TOTAL SCORE GREATER THAN 500:

Please contact your health professional, there is a possibility that your health is in need of a checkup and you may be suffering from mood problems that with other testing, further conversations with your doctor, a physical exam and proper treatment can get better. Bring this questionnaire to discuss your complaints. Please do not delay, there are options for you to have the healthy, happy and fulfilling life that you deserve.

IF YOU ANSWERED A TOTAL SCORE BETWEEN 300 -500:

Please contact your health professional, there is a possibility that your health is in need of a checkup and you may be suffering from mood instability and with other testing, further conversations with your doctor, a physical exam and proper treatment you can get better. Bring this questionnaire to discuss your complaints. Please do not delay, there are options for you to have the healthy, happy and fulfilling life that you deserve.

IF YOU SCORED LESS THAN 300:

You may be at risk, but seem to be doing well and coping well with stress. You may want to bring this questionnaire to your next doctor's appointment and review it with him or her, and discuss questions that you may have.

WRITE DOWN ANY QUESTIONS YOU MAY HAVE FOR YOUR HEALTH CARE PROFESSIONAL