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Please answer the following two questions by circling Yes or No.

1. During the past month, have you often been bothered by feeling down, sad, and hopeless?

YES NO

2. During the past month, have you noticed a decrease in your interest or pleasure in doing things?

YES NO

Over the last two weeks, how often have you experienced any of the following problems? (Please circle the appropriate response.)

a. Little interest or pleasure in doing things:	Not at all	Several days	More than half the days	Nearly every day
b. Feeling down, sad, or hopeless:	Not at all	Several days	More than half the days	Nearly every day
c. Trouble falling asleep:	Not at all	Several days	More than half the days	Nearly every day
Trouble staying asleep:	Not at all	Several days	More than half the days	Nearly every day
Sleeping too much:	Not at all	Several days	More than half the days	Nearly every day
d. Feeling tired or having little energy:	Not at all	Several days	More than half the days	Nearly every day
e. Poor appetite or overeating:	Not at all	Several days	More than half the days	Nearly every day
f. Feeling bad about yourself:	Not at all	Several days	More than half the days	Nearly every day
Believing you are a failure:	Not at all	Several days	More than half the days	Nearly every day
Believing you've let yourself down:	Not at all	Several days	More than half the days	Nearly every day
Believing you've let others down:	Not at all	Several days	More than half the days	Nearly every day
g. Difficulty concentrating:	Not at all	Several days	More than half the days	Nearly every day
h. Moving or speaking more slowly:	Not at all	Several days	More than half the days	Nearly every day
Being fidgety or restless:	Not at all	Several days	More than half the days	Nearly every day
i. Thoughts that you'd be better off dead:	Not at all	Several days	More than half the days	Nearly every day
Thoughts of hurting yourself in some way:	Not at all	Several days	More than half the days	Nearly every day

How difficult have these problems made it to do your work, take care of things at home, or get along with other people? (Circle response.)

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult

Please answer yes or no to the following questions about your use of alcohol, and check the appropriate box.	Yes	No
1. Do you think you are a normal drinker? ("Normal" is defined as drinking as much or less than most other people.)		
2. Have you ever awakened the morning after drinking the night before and found that you could not remember a part of the evening?		
3. Does any near relative or close friend ever worry or complain about your drinking?		
4. Can you stop drinking without difficulty after one or two drinks?		
5. Do you ever feel guilty about your drinking?		
6. Have you ever attended a meeting of Alcoholics Anonymous (AA)?		
7. Have you ever gotten into physical fights when drinking?		
8. Has drinking ever created problems between you and a near relative or close friend?		
9. Has any family member or close friend gone to anyone for help about your drinking?		
10. Have you ever lost friends because of your drinking?		
11. Have you ever gotten into trouble at work because of drinking?		
12. Have you ever lost a job because of drinking?		
13. Have you ever neglected your obligations, family, or work for two or more days in a row because you were drinking?		
14. Do you drink before noon fairly often?		
15. Have you ever been told you have liver trouble, such as cirrhosis?		
16. After heavy drinking, have you ever had delirium tremens (DTs), severe shaking, visual or auditory (hearing) hallucinations?		
17. Have you ever gone to anyone for help about your drinking?		
18. Have you ever been hospitalized because of drinking?		
19. Has your drinking ever resulted in your being hospitalized in a psychiatric ward?		
20. Have you ever gone to any doctor, social worker, clergyman, or mental health clinic for help with any emotional problem in which drinking was part of the problem?		
21. Have you been arrested more than once for driving under the influence of alcohol?		
22. Have you ever been arrested, or detained by an official for a few hours, because of other behavior while drinking? (If yes, how many times? _____)		

The following questions concern your use of drugs. Drug abuse refers to: (1) the use of prescribed or “over the counter” drugs in excess of the directions, and (2) any non-medical use of drugs.

Consider the past 12 months, and carefully read each statement. Decide whether your answer is YES or NO, and check the appropriate box. Please answer every question.

These questions refer to the past 12 months.	Yes	No
1. Have you used drugs other than those required for medical reasons?		
2. Do you abuse more than one drug at a time?		
3. Are you unable to stop using drugs when you want to?		
4. Do you use others drugs, meaning do you use drugs other than those required for medical reasons?		
5. Is it difficult for you to stop using drugs when you want to?		
6. Do you abuse drugs on a continuous basis?		
7. Do you try to limit your drug use to certain situations?		
8. Have you had blackouts or flashbacks as a result of drug use?		
9. Do you ever feel bad about your drug abuse?		
10. Does your spouse (or parents) ever complain about your involvement with drugs?		
11. Do your friends or relatives know or suspect you abuse drugs?		
12. Has drug abuse ever created problems between you and your spouse?		
13. Has any family member ever sought help for problems related to your drug use?		
14. Have you ever lost friends because of your use of drugs?		
15. Have you ever neglected your family or missed work because of your use of drugs?		
16. Have you ever been in trouble at work because of drug abuse?		
17. Have you ever lost a job because of drug abuse?		
18. Have you gotten into fights when under the influence of drugs?		
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?		
20. Have you ever been arrested for driving while under the influence of drugs?		
21. Have you engaged in illegal activities in order to obtain drug?		
22. Have you ever been arrested for possession of illegal drugs?		
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?		
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?		
25. Have you ever gone to anyone for help for a drug problem?		
26. Have you ever been in a hospital for medical problems related to your drug use?		
27. Have you ever been involved in a treatment program specifically related to drug use?		
28. Have you been treated as an outpatient for problems related to drug abuse?		