

Pt. Name: _____

Clinic #: _____ Practitioner: _____

LUS QHIA UA:

NRA QAB NO YOG IB CO LUS UAS TIB NEEG NIAJZAUS MUAJ.
THOV KOJ NYEEM IB KAB LUS ZUJ ZUS ES XAV SAIB COV LUS
NTAWD HAIS RAUG KOJ TUS KHEEJ NPAUM LI CAS NYOB RAU
LUB LIM TIAM TAS LOS. CES KOJ MAM KHIJ RAU KEM UAS MUAJ
NTAU, MUAJ ME NTSIS, MUAJ ME ME, LOS YOG TSIS MUAJ LI UAS
NYOB RAU SAB XI NTAWM DAIM NTAWV NO.

The following are symptoms that people may have. Please read each phrase carefully and see which ones are closest to how you have been feeling in the past week. Then mark in the box to show if your feeling is extreme, quite a bit, a little, or not at all.

1. MLOOG ZOO LI TSIS MUAJ ZOG
Feeling low in energy, slowed down
 2. PHEEJ LIAM TIAS YOG TIM YUS
Blaming yourself for things
 3. QUAJ YOOJ YIM HEEV
Crying easily
 4. TSIS XAV NROG POJ NIAM (TXIV NEEJ) PU
Loss of sexual interest or pleasure
 5. TSIS QAB LOS NOJ MOV
Poor appetite
 6. TSAUG TSIS TAU ZOG LI
Difficulty falling asleep, staying asleep
 7. TSIS MUAJ KEV VAM RAU YAV TOM NTEJ
Feeling hopeless about the future
 8. NTXHOV SIAB HEEV
Feeling blue
 9. KHO SIAB
Feeling lonely
 10. XAV TXOG TXOJ KEV TXO TXOJ SIA.....
Thoughts of ending your life
 11. ZOO LI LUB NEEJ TWS KEV
Feeling of being trapped or caught
 12. TXHAWJ TXOG NTAU NTAU YAM
Worrying too much about things
 13. TSIS MAUJ SIAB RAU IB YAM DAB TSI LI
Feeling no interest in things
 14. MAUJ QHOV MOB SIAB RAU TXHUA YAM.....
Feeling everything is an effort
 15. ZOO LI TSIS MUAJ NUJ NQIS
Feelings of worthlessness

