

# AOQ 1.4

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Part 1		Never	Sometimes	Most of the time	Always
Over the last two weeks, how often have you been bothered by any of the following problems? (Circle only one number per line)					
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 fast 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

Read all the instructions on this and the next page carefully. Do not guess. If you are unsure, ask the nurse.

Sum of 1 - 9 (PHQ-9):  Add columns: 0

10.	Feeling nervous, anxious, or on edge	0	1	2	3
11.	Not being able to stop or control worrying	0	1	2	3
12.	Feeling hopeless about the future	0	1	2	3
13.	Feeling restless or fidgety	0	1	2	3

Sum of 10 - 13 (AQ-13):  Add columns: 0

TOTAL of 1 - 13 (PHQ-15):

If you have had a visit in the Mental Health Department, circle the number that BEST matches your feelings about your most recent visit		Only a little or not at all	Sometimes	Quite a bit	Terribly
1.	In the session, we discuss the things that are most important to me	0	1	2	3
2.	I feel understood and respected by my clinician	0	1	2	3
3.	I understand and agree with my treatment plan	0	1	2	3

Goodness of fit score: