

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

Over the <u>last 2 weeks</u> , how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly Every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
8. Little interest or pleasure in doing things	0	1	2	3
9. Feeling down, depressed, or hopeless	0	1	2	3
10. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
11. Feeling tired or having little energy	0	1	2	3
12. Poor appetite or overeating	0	1	2	3
13. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	1	2	3
14. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
15. 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
16. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

If you chose 1, 2, or 3 for any of the listed problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

☐ Not difficult at all      ☐ Somewhat difficult      ☐ Very difficult      ☐ Extremely Difficult

TEAM

NAME

PT NO

DOB

PLACE EPIC LABEL HERE

[ M ]

[ F ]

  
Seattle  
Cancer Care  
Alliance



INT023 (04/20)

PSYCHOSOCIAL QUESTIONNAIRE