



Renee Family Health and Psychiatric Nurse Practitioner Office PLLC
Virtual Office
Reading PA 19601
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0. Questionnaire for updates/follow-ups

I am the::

Patient Name:

Date of Visit:

Client Questions

Over the past 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things:

2. Feeling down, depressed or hopeless:

3. Trouble falling asleep, staying asleep, or sleeping too much:

4. Feeling tired or having little energy:

5. Poor appetite or overeating:

6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down:

7. Trouble concentrating on things, such as reading the newspaper or watching television:

8. 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:

9. Thoughts that you would be better off dead or of hurting yourself in some way:

Questionnaire Score

Add up the all the numbers for answers 1-9 above.

Total Score:

10. If you checked off any problems, how difficult have those problems made it for you to do your work, take care of things at home, or get along with other people?:

Patient/Authorized Legal Representative sign below: