Form Approved

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Multi-Site Clinical Assessment of Chronic Fatigue Syndrome

PHQ-8 & GAD-7

Subject 1	D Nun	nber: _				
Start Date	:	<u>/</u>	_/	& Time:		_am/pm
	Month	Day	Year		НН:ММ	
Complete Date:		_/	/	& Time:		_am/pm
	Month	Day	Year		HH:MM	

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97 DON'T KNOW/ NOT SURE

99 REFUSED

LI LIIMLAWALII AND DLI NEGOTON
1. Has a doctor or other healthcare provider EVER told you that you had an anxiety disorder, including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?
01 YES
02 NO
97 DON'T KNOW/ NOT SURE
99 REFUSED
2. Has a doctor or other healthcare provider EVER told you that you had a depressive disorder, including depression, dysthymia, or minor depression?
01 YES
02 NO
97 DON'T KNOW/ NOT SURE
99 REFUSED
PATIENT HEALTH QUESTIONNAIRE 8 (PHQ-8)
TATIENT NEXT TO GO TO THE O
3. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?
DAYS (RANGE=1-14)
88 NONE
97 DON'T KNOW/ NOT SURE
99 REFUSED
4. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?
DAYS (RANGE=1-14)
88 NONE

5. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?
DAYS (RANGE=1-14)
88 NONE
97 DON'T KNOW/ NOT SURE
99 REFUSED
6. Over the last 2 weeks, how many days have you felt tired or had little energy?
DAYS (RANGE=1-14)
88 NONE
97 DON'T KNOW/ NOT SURE
99 REFUSED
7. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?
DAYS (RANGE=1-14)
88 NONE
97 DON'T KNOW/ NOT SURE
99 REFUSED
8. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?
DAYS (RANGE=1 - 14)
88 NONE
97 DON'T KNOW/ NOT SURE
99 REFUSED
9. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?
DAYS (RANGE=1-14)
88 NONE
97 DON'T KNOW/ NOT SURE
99 REFUSED
10. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lo more than usual?
DAYS (RANGE=1-14)
88 NONE
97 DON'T KNOW/ NOT SURE

GENERALIZED ANXIETY DISORDER 7 (GAD-7)

Over the l	last two	weeks.	for h	now many	days	have '	vou	heen i	bothered	hv	the	follo	wing	problem	ıs

11. Over	the last 2 weeks, how many days have you been nervous, anxious, or on edge? DAYS (RANGE=1-14) 88 NONE 97 DON'T KNOW/ NOT SURE 99 REFUSED
12. Over	the last 2 weeks, how many days have you not been able to stop or control worrying? DAYS (RANGE=1-14) 88 NONE 97 DON'T KNOW/ NOT SURE 99 REFUSED
13. Over	the last 2 weeks, how many days have you worried too much about different things? DAYS (RANGE=1-14) 88 NONE 97 DON'T KNOW/ NOT SURE 99 REFUSED
14. Over	the last 2 weeks, how many days have you had trouble relaxing? DAYS (RANGE=1-14) 88 NONE 97 DON'T KNOW/ NOT SURE 99 REFUSED
15. Over	the last 2 weeks, how many days have you been so restless that it was hard to sit still? DAYS (RANGE=1-14) 88 NONE 97 DON'T KNOW/ NOT SURE 99 REFUSED

16. Over the last 2 weeks, how many days have you been easily annoyed or irritable? DAYS (RANGE=1-14) 88 NONE 97 DON'T KNOW/ NOT SURE 99 REFUSED
17. Over the last 2 weeks, how many days have you felt afraid as if something awful might happen? DAYS (RANGE=1-14) 88 NONE 97 DON'T KNOW/ NOT SURE 99 REFUSED
QUALITY OF LIFE – UNHEALTHY DAYS
18. Now thinking about your physical health, which includes physical illness and injury, for about how many days during the past 30 days was your physical health not good? DAYS (RANGE=1-30) 88 NONE 97 DON'T KNOW/ NOT SURE 99 REFUSED

 \sim End of the Questionnaire \sim