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Multi-Site Clinical Assessment of Chronic Fatigue Syndrome

PHQ-8 & GAD-7

Subject ID Number: _____

Start Date: ____/____/____ & Time: ____am/pm
Month Day Year HH:MM

Complete Date: ____/____/____ & Time: ____am/pm
Month Day Year HH:MM

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LIFETIME ANXIETY AND DEPRESSION

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)

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

97 DON'T KNOW/ NOT SURE

99 REFUSED

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 lot more than usual?

__ __ DAYS (RANGE=1-14)

88 NONE

97 DON'T KNOW/ NOT SURE

99 REFUSED

GENERALIZED ANXIETY DISORDER 7 (GAD-7)

Over the last two weeks, for how many days have you been bothered by the following problems...

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

19. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

__ __ DAYS (RANGE=1-30)

88 NONE

97 DON'T KNOW/ NOT SURE

99 REFUSED

~ End of the Questionnaire ~