

Name of Health Plan: _____

**Well-Being Screening Tool
For Adolescents & Adults
Patient Problem Questionnaire**

Patient Name: _____ Date Completed: _____

Member ID#: _____ PCP Name: _____

The purpose of this questionnaire is to identify problems your doctor may be able to help you with. Please answer all questions by checking one box per question.

During the past month generally (questions 1 – 11):		YES	NO
1.	Have you been feeling tired or have low energy?		
2.	Have you been having trouble sleeping? (Too much or too little)		
3.	Have you been feeling sad, hopeless, or unusually happy?		
4.	Have you been feeling bad about yourself that you are a failure or have let yourself or your family down?		
5.	Have you been having trouble concentrating on things, such as watching TV, reading the newspaper, or reading a book?		
6.	Have you been feeling on edge, nervous?		
7.	Have your eating patterns or appetite changed?		
8.	Have you been trying not to gain weight (making yourself vomit, taking excessive laxatives, or exercising more than an hour per day)?		
9.	Have you felt sudden fear or panic for no obvious reason?		
10.	Have you been having thoughts that you would be better off dead, or of hurting yourself?		
11.	Are you troubled by being unable to control your anger or by having thoughts about hurting others?		
12.	Have you		
	a. Ever felt you ought to cut down on your drinking or drug use?		
	b. Ever felt annoyed by people who comment on your drinking or drug use?		
	c. Ever felt bad or guilty about your drinking or drug use?		
	d. Ever had a drink or used drugs first thing in the morning to steady your nerves or get rid of a hangover (eye opener)?		
13.	Do you have any other concerns about your well-being? Please explain. _____		
14.	Have you ever sought treatment for any of the above problems for which you checked yes?		
15.	If you checked off yes to any of the above questions, how difficult have these problems made it for you to do your work, go to school, take care of things at home or get along with other people?		
	Not Difficult At All Somewhat Difficult Very Difficult Extremely Difficult		