



MULTIFIT

Psychosocial questionnaire

Name _____ Med. Rec. No. _____ Date _____

Please circle a number on the scale following each item to show how much you are troubled now by each problem listed below.

1. Feeling miserable or depressed

1	2	3	4	5	6	7	8	9
Hardly		Slightly		Moderately		Markedly		Very Severely

2. Feeling irritable or angry

1	2	3	4	5	6	7	8	9
Hardly		Slightly		Moderately		Markedly		Very Severely

3. Feeling tense, anxious or panicky

1	2	3	4	5	6	7	8	9
Hardly		Slightly		Moderately		Markedly		Very Severely

4. Feeling under stress or pressure at work or home

1	2	3	4	5	6	7	8	9
Hardly		Slightly		Moderately		Markedly		Very Severely

5. Would you like help with any of these areas?

Depression: No Yes

Anxiety: No Yes

Anger: No Yes

Stress: No Yes

6. Do you ever drink alcohol?

No (Go to #13)

Yes

No Yes

7. Have you ever felt that you ought to cut down on your drinking?

8. Have people ever annoyed you by criticizing your drinking?

9. Have you ever felt bad or guilty about your drinking?

10. Have you ever had a drink first thing in the morning (eye opener) to steady your nerves or get rid of a hangover?

(over)

11. About how often do you drink some kind of alcoholic beverage?

- 1 Daily or almost every day
- 2 3 or 4 times a week
- 3 Once or twice a week
- 4 Once or twice a month
- 5 Less often than once a month
- 6 Never

12. How many of these alcoholic beverages do you drink during an average **week**?

- _____ # of 12 oz. bottles or cans of beer, ale, etc.
- _____ # of 4 oz. glasses of wine, sherry, port, etc.
- _____ # of shots (a shot = 1.5 ounces) of vodka, rum, scotch, whiskey, bourbon, tequila or gin (including mixed drinks and cocktails)
- _____ # of after dinner drinks, liqueurs

13. Do you live alone?

- No
- Yes

14. Who helps you at home? _____

Thank you for your responses to these questions. This information will remain confidential.