

Patient Health Questionnaire

1. Over the past 2 weeks, how often have you been bothered by any of the following problems: Little interest or pleasure in doing things?
 - I. Not At all
 - II. Several Days
 - III. More Than Half the Days
 - IV. Nearly Every Day

2. Over the past 2 weeks, how often have you been bothered by any of the following problems: Feeling down, depressed or hopeless?
 - I. Not At all
 - II. Several Days
 - III. More Than Half the Days
 - IV. Nearly Every Day

3. Over the past 2 weeks, how often have you been bothered by any of the following problems: Trouble falling asleep, staying asleep, or sleeping too much?
 - I. Not At all
 - II. Several Days
 - III. More Than Half the Days
 - IV. Nearly Every Day

4. Over the past 2 weeks, how often have you been bothered by any of the following problems: Feeling tired or having little energy?
 - I. Not At all
 - II. Several Days
 - III. More Than Half the Days
 - IV. Nearly Every Day

5. Over the past 2 weeks, how often have you been bothered by any of the following problems: Poor appetite or overeating?
 - I. Not At all
 - II. Several Days
 - III. More Than Half the Days
 - IV. Nearly Every Day



6. Over the past 2 weeks, how often have you been bothered by any of the following problems: Feeling bad about yourself - or that you're a failure or have let yourself or your family down?

- I. Not At all
- II. Several Days
- III. More Than Half the Days
- IV. Nearly Every Day

7. Over the past 2 weeks, how often have you been bothered by any of the following problems: Trouble concentrating on things, such as reading the newspaper or watching television?

- I. Not At all
- II. Several Days
- III. More Than Half the Days
- IV. Nearly Every Day

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

- I. Not At all
- II. Several Days
- III. More Than Half the Days
- IV. Nearly Every Day

9. Over the past 2 weeks, how often have you been bothered by any of the following problems: Thoughts that you would be better off dead or of hurting yourself in some way?

- I. Not At all
- II. Several Days
- III. More Than Half the Days
- IV. Nearly Every Day



What's Your Stress Index?

DO YOU FREQUENTLY	YES	NO
Neglect your diet?		
Try to do everything yourself?		
Blow up easily?		
Seek unrealistic goals?		
Fail to see the humour in situations others find funny?		
Act rude?		
Make a 'big deal' of everything?		
Look to other people to make things happen?		
Have difficulty making decisions?		
Complain you are disorganized?		
Avoid people whose ideas are different from your own?		
Keep everything inside?		
Neglect exercise?		
Have few supportive relationships?		
Use sleeping pills and tranquilizers without a doctor's approval?		
Get too little rest?		
Get angry when you are kept waiting?		
Ignore stress symptoms?		
Put things off until later?		
Think there is only one right way to do something?		
Fail to build relaxation time into your day?		
Gossip?		
Race through the day?		
Spend a lot of time complaining about the past?		
Fail to get a break from noise and crowds?		



Work-Life Balance Quiz

Description	Agree	Disagree
I feel like I have little or no control over my work life		
I regularly enjoy hobbies or interests outside of work		
I often feel guilty because I can't make time for everything I want to		
I frequently feel anxious or upset because of what is happening at work		
I usually have enough time to spend with my loved ones		
When I'm at home, I feel relaxed and comfortable		
I have time to do something just for me every week		
On most days, I feel overwhelmed and over-committed		
I rarely lose my temper at work		
I never use all my allotted vacation days		
I often feel exhausted – even early in the week		
Usually, I work through my lunch break		
I rarely miss out on important family events because of work		
I frequently think about work when I'm not working		
My family is frequently upset with me about how much time I spend working		

<https://cmha.ca/work-life-balance-quiz>

What Your Score Means

When you arrive at your Mental Health Awareness Training you will receive the studies answers to the Questionnaire, Quiz and Index.

Disclaimer

This is not a scientific test. Information provided is not a substitute for professional advice. If you feel that you may need advice, please consult a qualified health care professional.

