**Depression Questionnaire (PHQ-9, Nine-symptom Checklist)**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**

Over the last 2 weeks, how often have you been bothered by any of the following problems?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **No.** | **Question** | **Not at all** | **Several days** | **More than half the days** | **Nearly every day** |
| **1** | Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| **2** | Feeling down, depression, or hopeless | 0 | 1 | 2 | 3 |
| **3** | Trouble falling or staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| **4** | Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| **5** | Poor appetite or overeating | 0 | 1 | 2 | 3 |
| **6** | Feeling bad about yourself - or that you are failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| **7** | Trouble concentrating on things, such as reading the newspaper or watching TV | 0 | 1 | 2 | 3 |
| **8** | 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 | 0 | 1 | 2 | 3 |
| **9** | Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

**Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

If you checked more than 1 point for one symptom, how difficult did you experience at work or housework, or relationships with people around you?

Not difficult at all Somewhat difficult Very difficult Extremely difficult

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From the Primary Care Evaluation of Mental Disorders Patient Health Questionnaire (PRIME-MD PHQ). The PHQ was developed by Spitzer, Janet BW Williams, Kurt Kroenke, and colleagues. For research information, contact Dr. Spitzer at [rls8@columbia.edu](mailto:rls8@columbia.edu). PRIME-MD is a trademark of Pfizer Inc. Copyright 1999 Pfizer, Inc. All rights reserved. Reproduced with permission.

**Perceived Stress Scale (PSS)**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.

1. In the last month, how often have you been upset because of something that happened unexpectedly?

🄋 Never ➀ Almost Never ➁ Sometimes ➂ Fairly Often ➃ Very Often

2. In the last month, how often have you felt that you were unable to control the important things in your life?

🄋 Never ➀ Almost Never ➁ Sometimes ➂ Fairly Often ➃ Very Often

3. In the last month, how often have you felt nervous and “stressed”?

🄋 Never ➀ Almost Never ➁ Sometimes ➂ Fairly Often ➃ Very Often

4. In the last month, how often have you felt confident about your ability to handle your personal problems?

🄋 Never ➀ Almost Never ➁ Sometimes ➂ Fairly Often ➃ Very Often

5. In the last month, how often have you felt that things were going your way?

🄋 Never ➀ Almost Never ➁ Sometimes ➂ Fairly Often ➃ Very Often

6. In the last month, how often have you found that you could not cope with all the things that you had to do?

🄋 Never ➀ Almost Never ➁ Sometimes ➂ Fairly Often ➃ Very Often

7. In the last month, how often have you been able to control irritations in your life?

🄋 Never ➀ Almost Never ➁ Sometimes ➂ Fairly Often ➃ Very Often

8. In the last month, how often have you felt that you were on top of things?

🄋 Never ➀ Almost Never ➁ Sometimes ➂ Fairly Often ➃ Very Often

9. In the last month, how often have you been angered because of things that were outside of your control?

🄋 Never ➀ Almost Never ➁ Sometimes ➂ Fairly Often ➃ Very Often

10. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

🄋 Never ➀ Almost Never ➁ Sometimes ➂ Fairly Often ➃ Very Often

**Total Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work-related version of the BAT**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_**

**Instruction**

The following statements are related to your work situation and how you experience this situation. Please state how often each statement applies to you.

**Scoring**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Never | Rarely | Sometimes | Often | Always |
| 1 | **2** | **3** | **4** | **5** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never | | Rarely | | Some- times | | Often | Always |
| Exhaustion | | | | | | | | |
| 1. At work, I feel mentally exhausted\*  2. Everything I do at work requires a great deal of effort  3. After a day at work, I find it hard to recover my energy\*  4. At work, I feel physically exhausted\*  5. When I get up in the morning, I lack the energy to start a new day at work  6. I want to be active at work, but somehow I am unable to manage  7. When I exert myself at work, I quickly get tired  8. At the end of my working day, I feel mentally exhausted and drained | ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐ | ☐  ☐  ☐  ☐  ☐  ☐  ☐  ☐ |
| Mental distance | | | | | | | | |
| 9. I struggle to find any enthusiasm for my work\*  10. At work, I do not think much about what I am doing and I function on autopilot\*  11. I feel a strong aversion towards my job  12. I feel indifferent about my job  13. I’m cynical about what my work means to others\* | | ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐ | ☐  ☐  ☐  ☐  ☐ | ☐  ☐  ☐  ☐  ☐ |
| Cognitive impairment | | | | | | | | |
| 14. At work, I have trouble staying focused\*  15. At work I struggle to think clearly  16. I’m forgetful and distracted at work  17. When I’m working, I have trouble concentrating\*  18. I make mistakes in my work because I have my mind on other things\* | | ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐ | ☐  ☐  ☐  ☐  ☐ | ☐  ☐  ☐  ☐  ☐ |
| Emotional impairment | | | | | | | | |
| 19. At work, I feel unable to control my emotions\*  20. I do not recognize myself in the way I react emotionally at work\*  21. During my work I become irritable when things don’t go my way  22. I get upset or sad at work without knowing why  23. At work I may overreact unintentionally\* | | ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐ | ☐  ☐  ☐  ☐  ☐ | ☐  ☐  ☐  ☐  ☐ |

Note: \* Short version.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Never | | Rarely | | Some- times | | Often | Always |
| Psychological complaints | | | | | | | | |
| 1. I have trouble falling or staying asleep  2. I tend to worry  3. I feel tense and stressed  4. I feel anxious and/or suffer from panic attacks  5. Noise and crowds disturb me | ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐ | ☐  ☐  ☐  ☐  ☐ |
| Psychosomatic complaints | | | | | | | | |
| 6. I suffer from palpitations or chest pain  7. I suffer from stomach and/or intestinal complaints  8. I suffer from headaches  9. I suffer from muscle pain, for example in the neck, shoulder or back  10. I often get sick | | ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐ | | ☐  ☐  ☐  ☐  ☐ | ☐  ☐  ☐  ☐  ☐ | ☐  ☐  ☐  ☐  ☐ |