



The Seattle Arthritis Clinic  
**PATIENT SELF-REPORT SCREENING**

	<b>Questions (Circle words as needed)</b>	No	Little	Moderate	Alot
1.	Are you feeling down, depression or hopeless?				
2.	Are you withdrawing from social contacts?				
3.	Are you moody or irritable or agitated?				
4.	Have you been told you have an anger control problem?				
5.	Do you worry a lot?				
6.	Do you experience restlessness or feel keyed up or on edge?				
7.	Have you had an experience where you were frightened for your life, or the life of someone you love?				
8.	Have you been the victim of physical, psychological, emotional or trauma abuse?				
9.	Have you seen many physicians or providers about your condition?				
10.	Have you been satisfied/dissatisfied (circle one) with the care provided by your physicians?				
11.	Have you had a head injury?				
12.	Do you have difficulty concentrating/confused/get lost/forget names or faces (circle those that apply)?				
13.	Do you have chronic, loud, irregular snoring or snoring of any type with your bed partner observing irregular breathing?				
14.	Do you have strange sensations in your legs as you fall asleep, which are only relieved by moving your legs?				
15.	Do you have significant difficulties getting to sleep, staying asleep, or awakening frequently?				
16.	Do you have difficulty not thinking? (Do you "think" all the time?)				
17.	Does thinking interfere with your sleep?				
18.	Do you have any repetitive behaviors (such as hand washing or checking things) or mental acts (such as counting or repeating words silently)?				
19.	Do you have difficulty getting organized or lose things easily?				
20.	Do you have a tendency to become easily bored?				
21.	Are you easily distractible, with trouble focusing attention and a tendency to tune out or drift away in the middle of a page or a conversation?				
22.	Do you have any habits-such as using alcohol, buying things, gambling, smoking-which you cannot control and is causing you problems?				
23.	Are you having difficulty in your primary relationship (your "significant other?") or other family members?				
24.	Are you having difficulties at work?				
25.	Do you have periods of time when you were not your usual self and were much more irritable, argumentative or agitated than usual? More happy, talkative or "hyper"?				
26.	Have you or any of your blood relatives had a manic-depressive or bi-polar condition?				
27.	Do you regularly use any stress management skills-such as meditation, guided imagery, self-hypnosis, etc.?				
28.	Have you had a significant weight loss or gain in the last year?				
29.	Do you exercise regularly?				
30.	Do you feel you are coping as best you can with your condition?				