



SAN MATEO ORTHOPEDIC MEDICAL GROUP, INC.

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	Mark box that applies
Family history of substance abuse	
Alcohol	<input type="checkbox"/>
Illegal drugs	<input type="checkbox"/>
Prescription drugs	<input type="checkbox"/>
Personal history of substance abuse	
Alcohol	<input type="checkbox"/>
Illegal drugs	<input type="checkbox"/>
Prescription drugs	<input type="checkbox"/>
Age (mark box if 16–45)	<input type="checkbox"/>
History of preadolescent sexual abuse	<input type="checkbox"/>
Psychological disease	
Attention-deficit disorder, obsessive-compulsive disorder, bipolar, schizophrenia	<input type="checkbox"/>
Depression	<input type="checkbox"/>

In the past month, how often have you been bothered by any of the following problems? Please check the column on the right.				
	Not at all	Several Days	More than half the days	Nearly every day
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or over eating				
Feeling bad about yourself-or that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching television				
Moving or speaking so slowly that other people might have noticed or being fidgety or restless				
Thoughts that you would be better off dead				
	Not Difficult	Somewhat difficult	Very difficult	Extremely difficult
Of the problems checked, how difficult has having these problems made it for you to do your work, take care of things at home, or get along with other people?				