

MINI Patient Health Survey

Name _____ Date _____
 (Please Print)

Male _____ Female _____ Your Age _____ Phone _____

SECTION I

YES	NO	
		1. Have you been consistently depressed or down, most of the day, nearly every day, for the past two weeks?
		2. In the past two weeks, have you been less interested in most things or less able to enjoy the things you used to enjoy most of the time?

If your answer to both questions above is "NO", please go to Section II without answering question 3 below.

		3. Over the past two weeks, when you felt depressed or uninterested:
		a. Was your appetite decreased or increased nearly every day? Did your weight decrease or increase without trying intentionally (i.e., by plus or minus 5% body weight or plus or minus 8 lbs or plus or minus 3.5 kg for a 160 lb/70 kg person in a month)? (If yes to either, please check "YES".
		b. Did you have trouble sleeping nearly every night (difficulty falling asleep, waking up in the middle of the night, early morning waking or sleeping excessively)?
		c. Did you talk or move more slowly than normal or were you fidgety, restless, or having trouble sitting still almost every day?
		d. Did you feel tired or without energy almost every day?
		e. Did you feel worthless or guilty almost every day?
		f. Did you have difficulty concentrating or making decisions almost every day?
		g. Did you repeatedly consider hurting yourself, feel suicidal, or wish that you were dead?

SECTION II

YES	NO	
		1. In the past 12 months, have you had 3 or more alcoholic drinks within a 3-hour period on 3 or more occasions?

If your answer to this question is "NO", you have completed II – please do not answer the questions below. Please go to Section III.

		2. In the past 12 months:
		a. Did you need to drink more in order to get the same effect as when you first started drinking?
		b. When you cut down on drinking did your hands shake, did you sweat or feel agitated? Did you drink to avoid these symptoms? (If yes to either please check "YES".)

YES	NO	
		c. During the times when you drank alcohol, did you end up drinking more than you planned when you started?
		d. Have you tried to reduce or stop drinking alcohol but failed?
		e. On the days that you drank, did you spend substantial time in obtaining alcohol, drinking, or in recovering from the effects of alcohol?
		f. Did you spend less time working, enjoyable hobbies, or being with others because of your drinking?
		g. Have you continued to drink even though you knew that it caused you problems?

SECTION III

YES	NO	
		1. Have you, on more than one occasion, had spells or attacks when you suddenly felt anxious, frightened, uncomfortable or uneasy, even in situations where most people would not feel that way? Did the spells peak within 10 minutes? (If yes to either please check "YES".)
		2. At any time in the past, did any of those spells or attacks come on unexpectedly or occur in an unpredictable or unprovoked manner?

If your answer to both questions above is "NO", please go to Section IV without answering any other questions below in Section III.

		3. Have you even had one such attack followed by a month or more of persistent fear of having another attack, or worries about the consequences of the attack?
		4. During the worst spell that you can remember:
		a. Did you have skipping, racing, or pounding of your heart?
		b. Did you have sweaty or clammy hands?
		c. Were you trembling or shaking?
		d. Did you have shortness of breath or difficulty breathing?
		e. Did you have a choking sensation or lump in your throat?
		f. Did you have chest pain, pressure, or discomfort?
		g. Did you have nausea, stomach problems, or sudden diarrhea?
		h. Did you feel dizzy, unsteady, lightheaded, or faint?
		i. Did things around you feel strange, unreal, detached or unfamiliar, or did you feel outside of or detached from part or all of your body?
		j. Did you fear that you were losing control or going crazy?
		k. Did you fear that you were dying?
		l. Did you have tingling or numbness in parts of your body?
		m. Did you have hot flashes or chills?
		5. In the past month, did you have such attacks repeatedly (two or more) followed by persistent fear of having another attack?

