

NAME:	DATE:	
Over the <i>last 2 weeks</i>, have you been bothered by either of the following problems?	Yes	No
Little interest or pleasure in doing things		
Feeling down, depressed, or hopeless		

If you answered "Yes" to either question above you may be experiencing symptoms of stress that can be treated.

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, <u>in the past month</u>, you...	Yes	No
Had nightmares about it or thought about it when you did not want to?		
Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?		
Were constantly on guard, watchful, or easily startled?		
Felt numb or detached from others, activities, or your surroundings?		

If you answered "Yes" to 3 of the 4 questions above you may be experiencing symptoms of stress that can be treated.

Help is available.

You don't have to suffer.