

Brief Adult Outcome Questionnaire ACORN 11

Please think about the past two weeks and answer the questions below to the best of your ability by marking the box with an "x." This will help you and your doctor to plan your treatment and monitor your improvement.

	Never	Hardly Ever	Sometimes	Often	Very Often
Feel unhappy or sad?					
Have little or no energy					
Have a hard time getting along with family, friends or coworkers?					
Feel hopeless about the future?					
Have a hard time paying attention?					
Feel unproductive at work or other daily activities?					
Feel tense or nervous?					
Have problems with sleep (too much or too little)?					
Feel lonely?					
Think about harming yourself?					
Have someone express concerns about your alcohol or drug use?					
Have more than five drinks of alcohol at one time?					
Have a problem at work, school or home because of alcohol or drug use?					

Please estimate the percent of your productivity at work that is lost due to symptoms of stress, anxiety or depression: (enter percentage here)