Client ID#	Today's Date	Facility ID#	Zip Code	Administration
|___|___|___|___|___|___|___|___|___|___|	|___|___||___|___||___|___|	|___|___|___|___|___|___|	|___|___|___|___|___|	|___|___|

TCU HLTHFORM

1. How many TIMES IN THE PAST YEAR have you gone to a hospital or clinic or seen a doctor or nurse for health problems?

   ○ None ○ 1 time ○ 2-3 times ○ 4-10 times ○ Over 10 times

	None of the time ***(1)***	***A little of the time*** ***(2)***	***Some of the time*** ***(3)***	***Most of the time*** ***(4)***	***All of the time*** ***(5)***
During the PAST YEAR, how often have you had any of these problems or types of diseases –					
2. stomach problems or ulcers?	○	○	○	○	○
3. bone/joint problems?	○	○	○	○	○
4. kidney infection or problems?	○	○	○	○	○
5. bladder infection or problems?	○	○	○	○	○
6. liver or gall bladder problems?	○	○	○	○	○
7. intestinal or bowel problems?	○	○	○	○	○
8. heart disease or problems?	○	○	○	○	○
9. sexually transmitted disease (STD)?	○	○	○	○	○
10. skin disease or skin problems?	○	○	○	○	○
11. other medical or physical problems?	○	○	○	○	○
During the PAST 30 DAYS, how often did you feel –					
12. tired out for no good reason?	○	○	○	○	○
13. nervous?	○	○	○	○	○
14. so nervous that nothing could calm you down?	○	○	○	○	○
15. hopeless?	○	○	○	○	○
16. restless or fidgety?	○	○	○	○	○
17. so restless that you could not sit still?	○	○	○	○	○
18. depressed?	○	○	○	○	○
19. so depressed that nothing could cheer you up?	○	○	○	○	○
20. that everything was an effort?	○	○	○	○	○
21. worthless?	○	○	○	○	○

*From Kessler, Barker, Colpe et al. (2003). *Archives of General Psychiatry, 60*(2), 184-189.

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