AOQ 1.4 Chinese

PHQ-9 在過去兩個星期中,您有否經常受以下問題困擾?(每行只圈選一個號碼) Over the last two weeks, how often have you been bothered by any of the following problems? (Circle only one number per line)		A A B B B B B B B B B B B B B B B B B B	幾天 Several Days	過半數日子 More than half the days	幾乎每天 Nearly every day	
1.	做事缺乏興趣或樂趣 Little interest or pleasure in doing things	0	1	2	3	
2.	感覺低落,沮喪,或絕望 Feeling down depressed or hopeless	0	1	2	3	
3.	難以入睡或熟睡,或睡得太多 Trouble falling or staying asleep, or sleeping too mu	ch 0	1	2	3	
4.	感覺疲倦或精力不足 Feeling tired or having little energy	0	1	2	3	
5.	食慾不振或過度飲食 Poor appetite or overeating	0	1	2	3	
6.	感覺自己非常差勁或感覺自己是個失敗者或令自己或家人失望 Feeling bac about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3	
7.	難以集中精神,例如閱報或看電視 Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3	
8.	連別人也察覺得到您的動作或說話緩慢;或相反心緒不寧或坐立不安而比平時更多的走動 Moving or speaking so slowly that other people could have noticed. C the opposite – being so fidgety or restless that you have been moving around a lot more than usual		1	2	3	
9.	有尋死的念頭或有某程度自殘的想法 Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3	
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10.	緊張,焦慮或驚弓之鳥的感覺 Feeling nervous, anxious or on edge	0	1	2	3	
11.	不能夠停止或控制擔憂 Not being able to stop or control worrying	0	1	2	3	
12.	在工作或其它日常活動上有一事無成的感覺 Feeling unproductive at work or other daily activities	0	1	2	3	
13.	難以專注來達到您的目標 Having trouble focusing on achieving your goals	0	1	2	3	
	將直行圈選的數字加起,然後總和: Add the circled numbers in each column, then add the sums:	0 +	+	+	=	- E
總和 TOTAL (A + B) =						
如您曾到訪精神健康部 [,] 就最近的約診圈選號碼能最佳反映您的感覺 If you have had a visit in the Mental Health Department, circle the number that BEST matches your feelings about your most recent visit		只是少許或 完全沒有 Only a little or not at all	有些時候 Sometimes	很多時候 Quite a bit	完全 Totally	
1.	在約見中,我們是討論對我最重要的事情。 In the session, we discuss the things that are most important to me.	0	1	2	3	
2.	我感覺受我醫療人員的理解及尊重。 I feel understood and respected by my clinician.	0	1	2	3	
3.	我明白並同意我的治療計劃。 I understand and agree with my treatment plan.	0	1	2	3	
Goodness of Fit score:						