

## Athletic Health Questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?

- |   |                                                                                                                     |   |   |   |   |
|---|---------------------------------------------------------------------------------------------------------------------|---|---|---|---|
| 1 | Little interest or pleasure in playing my sport                                                                     | 0 | 1 | 2 | 3 |
| 2 | Feeling down, depressed, or hopeless                                                                                | 0 | 1 | 2 | 3 |
| 3 | Trouble falling or staying asleep or sleeping too much                                                              | 0 | 1 | 2 | 3 |
| 4 | Feeling tired or having little energy                                                                               | 0 | 1 | 2 | 3 |
| 5 | Poor appetite or overeating                                                                                         | 0 | 1 | 2 | 3 |
| 6 | Feeling bad about yourself after a game— or that you are a failure or have let yourself or your family down         | 0 | 1 | 2 | 3 |
| 7 | Trouble concentrating during practice/game                                                                          | 0 | 1 | 2 | 3 |
| 8 | When your coach is giving directions are you fidgety or restless; you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |

If you checked off any problems, how difficult or not difficult at all have these problems made it for you to do your work, take care of things at home, or get along with other people?

\_\_\_\_\_ Not Difficult at all

\_\_\_\_\_ Difficult

\_\_\_\_\_ Somewhat difficult

\_\_\_\_\_ Very Difficult