BENEATH THE SKIN: A GUIDE TO HIDRADENITIS SUPPURATIVA (HS) COMORBIDITY SCREENING

More than **80%** of patients with HS report having a **comorbid condition**.[1]
Current guidelines and research recommend screening for the following in patients with HS[2,3]:

MOOD DISORDERS AND SUICIDALITY:
Anxiety
Depression
Suicidality

SUBSTANCE USE:
Tobacco smoking
Substance use disorders

CHRONIC PAIN

INTEGUMENTARY DISEASE:
Acne
Dissecting cellulitis of the scalp
Pilonidal disease
Pyoderma gangrenosum

CARDIOVASCULAR DISEASE:
Hypertension

GASTROINTESTINAL DISEASE:
Ulcerative colitis
Crohn's disease

MUSCULOSKELETAL DISEASE:
Spondyloarthritis
Back pain

METABOLIC DISEASE:
Obesity
Dyslipidemia
Diabetes mellitus
Metabolic syndrome

ENDOCRINE DISEASE:
Polyendocrine metabolic ovarian syndrome

MALIGNANCY AND HEMATOLOGIC DISEASE:
Squamous cell carcinoma
Anemia

SEXUAL DYSFUNCTION

GENETIC DISORDERS:
Patients with Down syndrome should be screened for HS

Some screenings **may be performed** by other healthcare providers. Dermatologists **may help guide** the multidisciplinary care team toward recommended screenings for potential comorbidities.[2]

1. Garg A, et al. *J Am Acad Dermatol*. 2020;82(2):366-376. **2.** Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101. **3.** Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314.

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MOOD DISORDERS AND SUICIDALITY IN PATIENTS WITH HS

HS is often a **debilitating disease** that greatly impacts health-related quality of life. Patients with HS must cope with **stigma**, **feelings of shame**, and **physical pain**.[1] As a result, patients with HS are at risk for **psychological comorbidities**.[2]

A self-reported comorbidity survey of patients with HS found the following[3,*]:

~36%	~36%	~8%	~4%
report **depression**	report **anxiety**	report **suicidal ideation**	report a **suicide attempt**

Consider the following questionnaires to screen your patients[4]:

Depression[5,6]
Click here for PHQ-2 and PHQ-9

Anxiety[7]
Click here for GAD-7

Suicidality[6]
Click here for PHQ-9 (Item 9)

If applicable, refer to a psychiatrist for multidisciplinary management.[4]

*Data from a survey of 1,299 patients with HS.[3]
GAD-7, 7-item Generalized Anxiety Disorder; HS, hidradenitis suppurativa; PHQ-2, patient health questionnaire-2; PHQ-9, patient health questionnaire-9.

1. Keary E, et al. *Br J Dermatol*. 2020;182(2):342-347. **2.** Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101. **3.** Garg A, et al. *J Am Acad Dermatol*. 2020;82(2):366-376. **4.** Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314. **5.** Stanford Medicine. Patient Health Questionnaire-2 (PHQ-2). Accessed April 17, 2026. https://med.stanford.edu/content/dam/sm/ppc/documents/Mental_Health/PHQ-2_English.pdf. **6.** Patient Health Questionnaire (PHQ) Screeners. Patient Health Questionnaire-9 (PHQ-9). Accessed April 17, 2026. https://www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/PHQ-9_English.pdf. **7.** Patient Health Questionnaire (PHQ) Screeners. Generalized Anxiety Disorder-7 (GAD-7). Accessed April 17, 2026. https://www.phqscreeners.com/images/sites/g/files/g10060481/f/201412/GAD-7_English.pdf.

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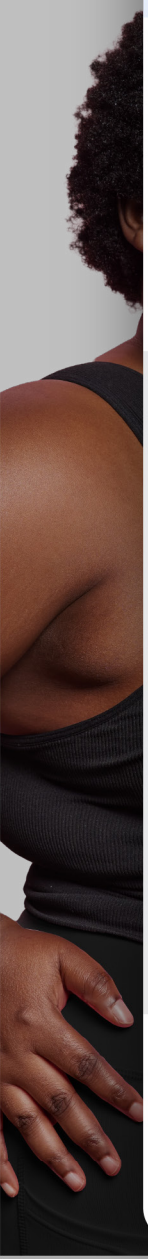

CARDIOVASCULAR DISEASE IN PATIENTS WITH HS

HS is associated with other risk factors for cardiovascular disease, such as **obesity** and **smoking**.[1] Patients with HS should be checked for **signs of cardiovascular disease**.

A self-reported comorbidity survey* and a separate study of patients with HS found the following[1,2]:

~15%
report
hypertension

1.5x
greater risk of
MACE

Consider contacting the primary care physician to review the following[1]:

- **Blood pressure measurement**
- **Waist circumference**
- **Anthropometric measurements†**
- **Fasting lipid panel and fasting blood glucose**
- **Tobacco use**
- **Physical activity and diet**

If applicable, collaborate with primary care physician and/or cardiologist for multidisciplinary management.[3]

*Data from a survey of 1,299 patients with HS.[2]
†Anthropometric measurements include noninvasive measurements such as height, weight, head circumference, body mass index, body circumferences for adiposity, and skinfold thickness.[4]
HS, hidradenitis suppurativa; MACE, major cardiac adverse events.

1. Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101. **2.** Garg A, et al. *J Am Acad Dermatol*. 2020;82(2):366-376. **3.** Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314. **4.** K Casadei, John Kiel. In: *StatPearls [internet]*. StatPearls Publishing; 2026-. Accessed May 7, 2026. https://www.ncbi.nlm.nih.gov/books/NBK537315/.

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More
Curren
HS[2,3]:

GASTROINTESTINAL DISEASE IN PATIENTS WITH HS

HS and inflammatory bowel disease are **chronic, recurrent inflammatory conditions**.[1]

A self-reported comorbidity survey* and a separate study of patients with HS found the following[1,2]:

~2%
report
ulcerative colitis

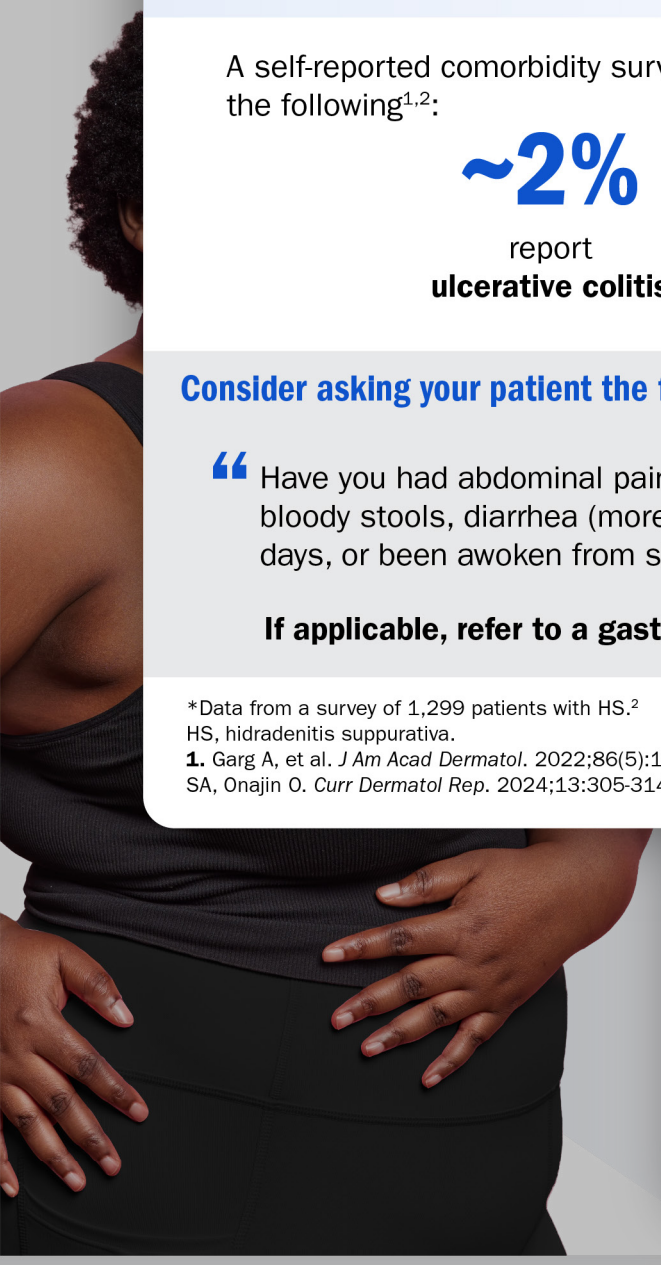
2%
have
Crohn's disease

Consider asking your patient the following screening question annually[1]:

> "Have you had abdominal pain at least 3 times a week for at least 4 weeks, bloody stools, diarrhea (more than 3 bowel movements daily) for 7 consecutive days, or been awoken from sleep because of abdominal pain or diarrhea?"

If applicable, refer to a gastroenterologist for multidisciplinary management.[3]

*Data from a survey of 1,299 patients with HS.[2]
HS, hidradenitis suppurativa.
1. Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101. **2.** Garg A, et al. *J Am Acad Dermatol*. 2020;82(2):366-376. **3.** Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314.



ENDOCRINE DISEASE:
Polyendocrine metabolic ovarian syndrome

MALIGNANCY AND HEMATOLOGIC DISEASE:
Squamous cell carcinoma
Anemia

SEXUAL DYSFUNCTION

GENETIC DISORDERS:
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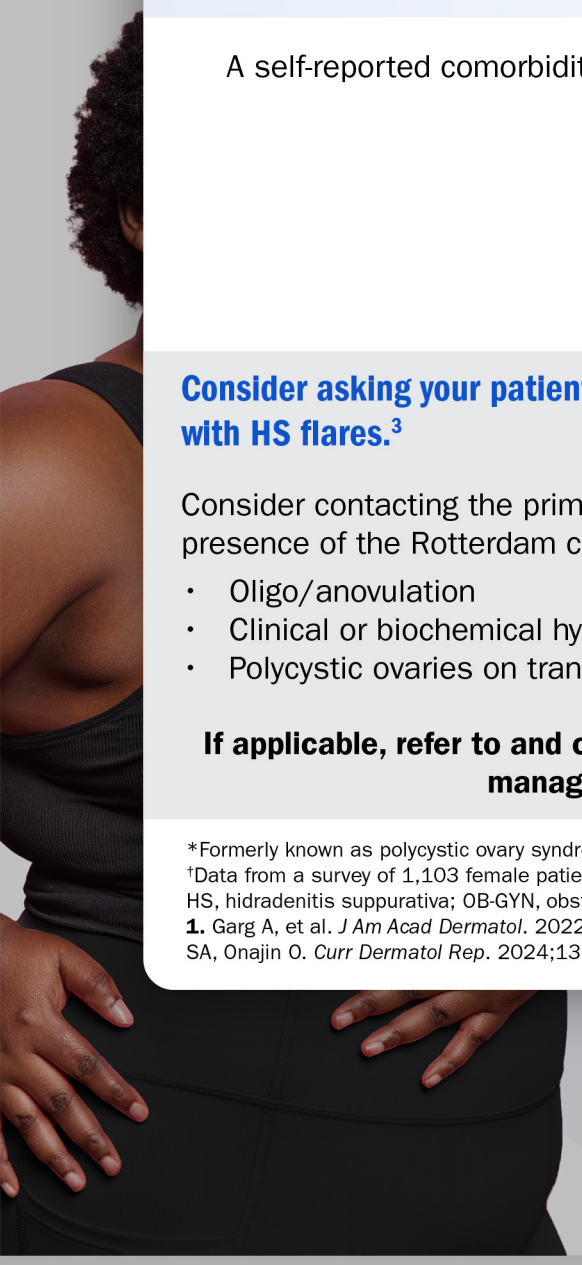

Squamous cell carcinoma
Anemia

SEXUAL DYSFUNCTION

GENETIC DISORDERS:
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ENDOCRINE DISEASE IN PATIENTS WITH HS

HS and polyendocrine metabolic ovarian syndrome (PMOS)* affect **similar demographics**.[1]

A self-reported comorbidity survey of patients with HS found the following[2,†]:

~14%

of **female patients** with HS report PMOS[2,†]

Consider asking your patient about menstrual cycle irregularity and any association with HS flares.[3]

Consider contacting the primary care physician or gynecologist to review for the presence of the Rotterdam criteria for diagnosis (≥2 of the following)[1]:

- Oligo/anovulation
- Clinical or biochemical hyperandrogenism
- Polycystic ovaries on transvaginal ultrasonography

If applicable, refer to and collaborate with an OB-GYN, endocrinologist, and/or weight management clinic for multidisciplinary care.[3]

*Formerly known as polycystic ovary syndrome (PCOS).
†Data from a survey of 1,103 female patients with HS.[2]
HS, hidradenitis suppurativa; OB-GYN, obstetrician-gynecologist.
1. Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101. **2.** Garg A, et al. *J Am Acad Dermatol*. 2020;82(2):366-376. **3.** Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314.

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HS[2,3]:

SEXUAL DYSFUNCTION

HS manifests in **private and intimate areas** of the body. Patients with HS often experience pain and discomfort in these areas. Patients with HS **may feel self-consciousness about their skin** impacting their experiences with intimacy.[1]

~4%

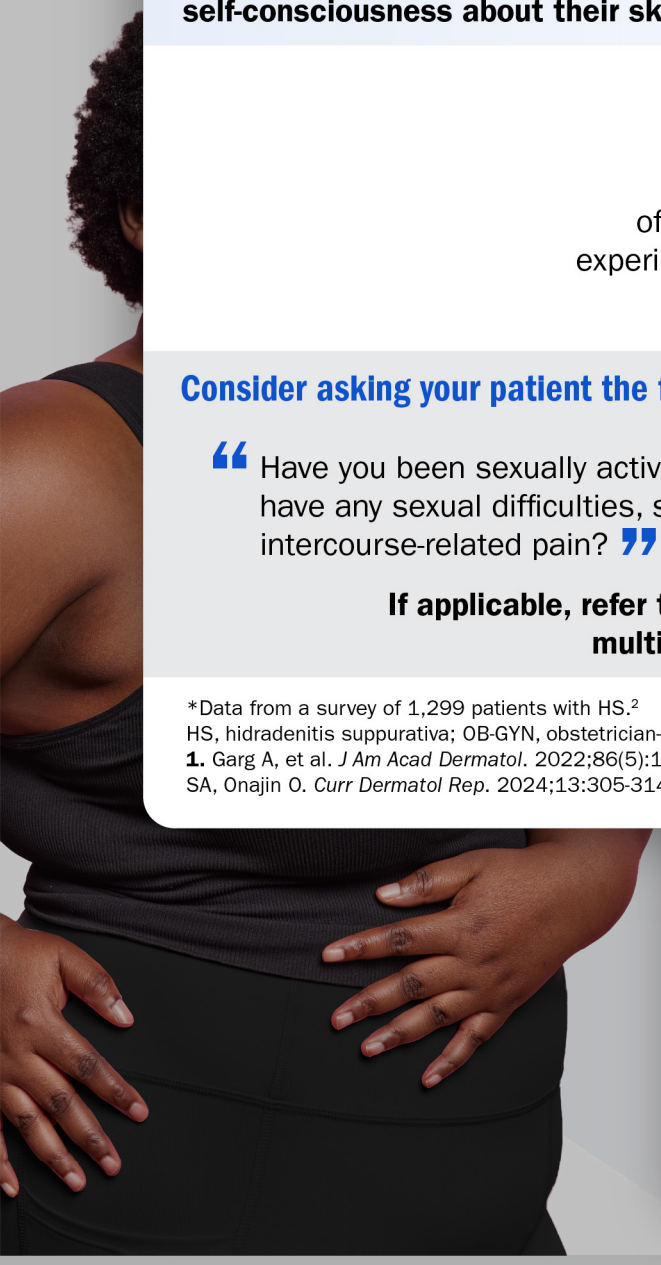
of patients with HS report experiencing **sexual dysfunction**[2,*]

Consider asking your patient the following screening question annually[1]:

> "Have you been sexually active in the past 6 months? Do you or your partner have any sexual difficulties, such as your interest level or intercourse-related pain?"

If applicable, refer to a psychiatrist, OB-GYN, or urologist for multidisciplinary management.[3]

*Data from a survey of 1,299 patients with HS.[2]
HS, hidradenitis suppurativa; OB-GYN, obstetrician-gynecologist.
1. Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101. **2.** Garg A, et al. *J Am Acad Dermatol*. 2020;82(2):366-376. **3.** Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314.



- **ENDOCRINE DISEASE:**
  Polyendocrine metabolic ovarian syndrome
- **MALIGNANCY AND HEMATOLOGIC DISEASE:**
  Squamous cell carcinoma
  Anemia
- **SEXUAL DYSFUNCTION**
- **GENETIC DISORDERS:**
  Patients with Down syndrome should be screened for HS

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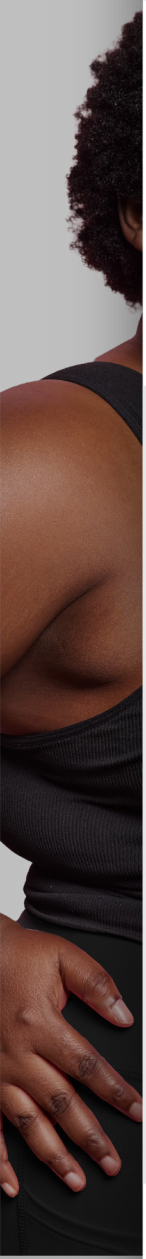

INTEGUMENTARY DISEASE IN PATIENTS WITH HS

HS and other skin conditions involve **inflammation** affecting follicular units.[1]

A self-reported comorbidity survey* and separate studies of patients with HS found the following[1,2]:

~31%
report **acne**

~9%
have **dissecting cellulitis** of the scalp

up to **2.3%**
have **pilonidal disease**

up to **0.4%**
have **pyoderma gangrenosum**

Consider annual physical examinations of the following regions[1]:

Acne

Face and trunk

Pilonidal disease

Sacral region

Dissecting cellulitis of the scalp

Scalp

Consider the following physical examinations if cutaneous ulcers are present[1]:

Pyoderma gangrenosum

Ulcerations

If applicable, address additional skin conditions and refer to a surgeon for multidisciplinary management.[3]

*Data from a survey of 1,299 patients with HS.[2]
HS, hidradenitis suppurativa.
1. Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101. **2.** Garg A, et al. *J Am Acad Dermatol*. 2020;82(2):366-376. **3.** Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314.

Some
Derma
team toward recommended screenings for potential comorbidities.[2]

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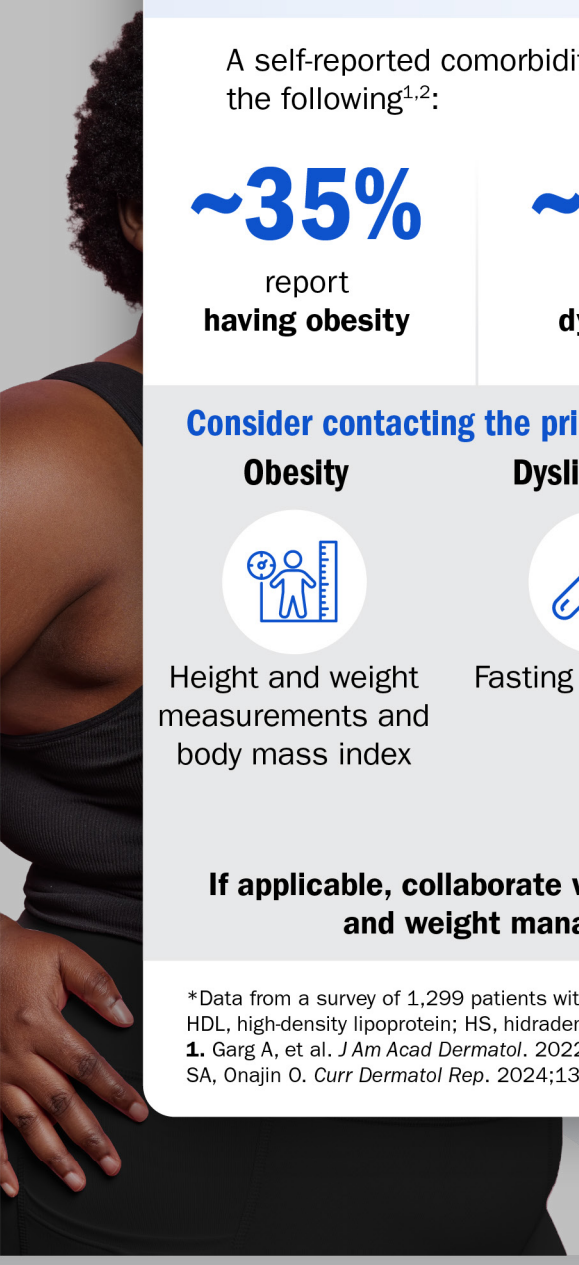

METABOLIC DISEASE IN PATIENTS WITH HS

HS has been linked to a **variety of other** metabolic diseases.[1]

A self-reported comorbidity survey* and separate studies of patients with HS found the following[1,2]:

~35%	up to ~45%	9%	up to ~50%
report **having obesity**	have **dyslipidemia**	report **diabetes mellitus**	have **metabolic syndrome**

Consider contacting the primary care physician to review the following[1]:

Obesity

Height and weight measurements and body mass index

Dyslipidemia

Fasting lipid panel

Diabetes mellitus

Glycated hemoglobin or fasting blood glucose

Metabolic syndrome

Abnormality in ≥3 of the following:

- Blood pressure measurement
- Fasting triglyceride
- Fasting HDL
- Fasting blood glucose
- Waist circumference measurement

If applicable, collaborate with a primary care physician, endocrinologist, cardiologist, and weight management clinic for multidisciplinary management.[3]

*Data from a survey of 1,299 patients with HS.[2]
HDL, high-density lipoprotein; HS, hidradenitis suppurativa.
1. Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101. **2.** Garg A, et al. *J Am Acad Dermatol*. 2020;82(2):366-376. **3.** Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314.

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HS[2,3]:

MUSCULOSKELETAL DISEASE IN PATIENTS WITH HS

HS and spondyloarthritis both involve inflammatory mediators such as **TNF, IL-1, and IL-17**.[1] Given the potential relationship between the conditions, patients with HS, especially those experiencing back pain, should be **evaluated for spondyloarthritis**.

Studies of patients with HS found the following:[1,2,*]:

~53%
have
spondyloarthritis

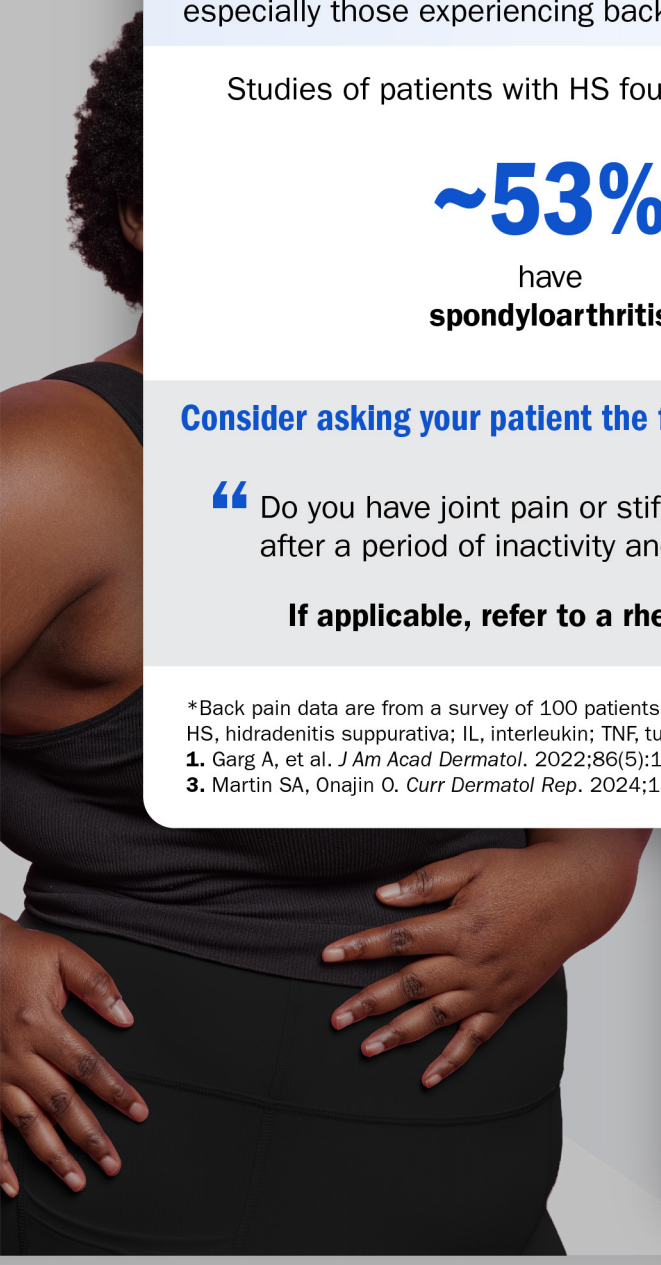
71%
have
back pain

Consider asking your patient the following screening question annually[1]:

> "Do you have joint pain or stiffness that is worse first thing in the morning or after a period of inactivity and gets better as the day goes on?"

If applicable, refer to a rheumatologist for multidisciplinary management.[3]

*Back pain data are from a survey of 100 patients with HS.[2]
HS, hidradenitis suppurativa; IL, interleukin; TNF, tumor necrosis factor.
1. Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101. **2.** Schneider-Burrus S, et al. *Dermatology*. 2016;232(5):606-612.
3. Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314.



ENDOCRINE DISEASE:
Polyendocrine metabolic ovarian syndrome

MALIGNANCY AND HEMATOLOGIC DISEASE:
Squamous cell carcinoma
Anemia

SEXUAL DYSFUNCTION

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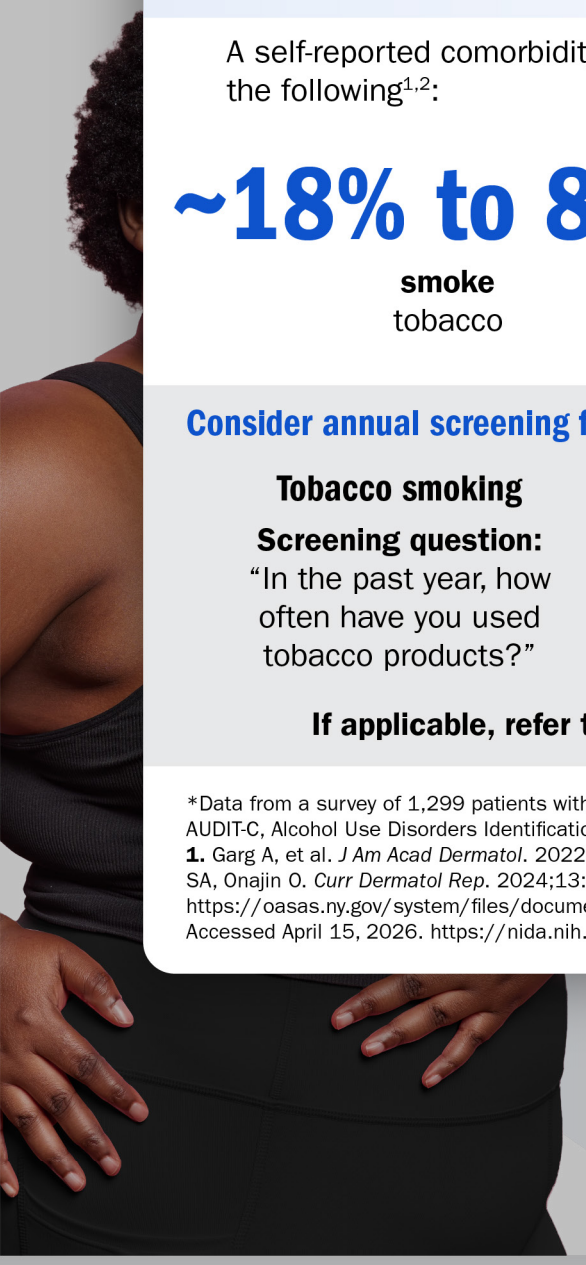

SUBSTANCE USE IN PATIENTS WITH HS

Patients with HS live with **chronic pain** and experience physical, emotional, and psychological impacts, **increasing the risk** of substance use disorders.[1]

A self-reported comorbidity survey* and other studies of patients with HS found the following[1,2]:

~18% to 89%
smoke tobacco

2.5%
report **alcohol abuse**

1.5x
higher risk of having a **substance use disorder**

Consider annual screening for tobacco smoking and using the following questionnaires[1]:

Tobacco smoking

Screening question:
"In the past year, how often have you used tobacco products?"

Alcohol use disorder[4]

Click here for AUDIT-C Questionnaire

Opioid use disorder[5]

Click here for Opioid Risk Tool

If applicable, refer to a psychiatrist for multidisciplinary management.[3]

*Data from a survey of 1,299 patients with HS.[2]
AUDIT-C, Alcohol Use Disorders Identification Test – Consumption; HS, hidradenitis suppurativa.
1. Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101. **2.** Garg A, et al. *J Am Acad Dermatol*. 2020;82(2):366-376. **3.** Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314. **4.** OASAS NY Gov. AUDIT-C Questionnaire. Accessed April 15, 2026. https://oasas.ny.gov/system/files/documents/2022/08/audit-c-eng.pdf. **5.** National Institute on Drug Abuse. Opioid risk tool. Accessed April 15, 2026. https://nida.nih.gov/sites/default/files/opioidrisktool.pdf.

Squamous cell carcinoma
Anemia

SEXUAL DYSFUNCTION

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HS[2,3]:

GENETIC DISORDERS IN PATIENTS WITH HS

Patients with Down syndrome have an **increased prevalence** of HS.

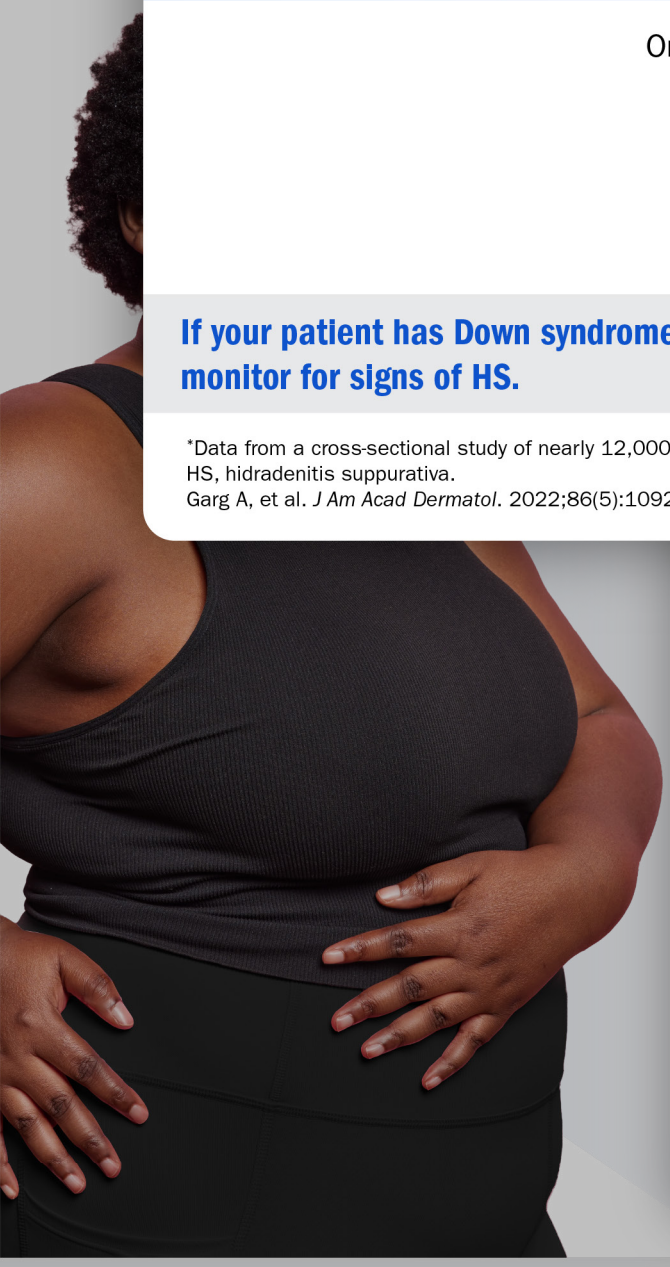
One study suggests HS is

5x

more likely in patients
with Down syndrome*

If your patient has Down syndrome, consider annual dermatological examinations to monitor for signs of HS.

*Data from a cross-sectional study of nearly 12,000 patients with Down syndrome.
HS, hidradenitis suppurativa.
Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101.



- **MUSCULOSKELETAL DISEASE:**
  Spondyloarthritis
  Back pain
- **METABOLIC DISEASE:**
  Obesity
  Dyslipidemia
  Diabetes mellitus
  Metabolic syndrome
- **ENDOCRINE DISEASE:**
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More
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HS[2,3]:

MALIGNANCY AND HEMATOLOGIC DISEASE IN PATIENTS WITH HS

Patients with HS are at an increased risk for cutaneous squamous cell carcinoma and anemia.[1]

Squamous cell carcinoma **risk factors** in patients with HS:

- Male sex
- Hurley stage 3
- Perianal or gluteal involvement
- HS duration greater than 26 years[1]

One study suggests patients with HS are*

6x

more likely to **have anemia**[2]

Consider the following screenings for your patient[1]:

Squamous cell carcinoma

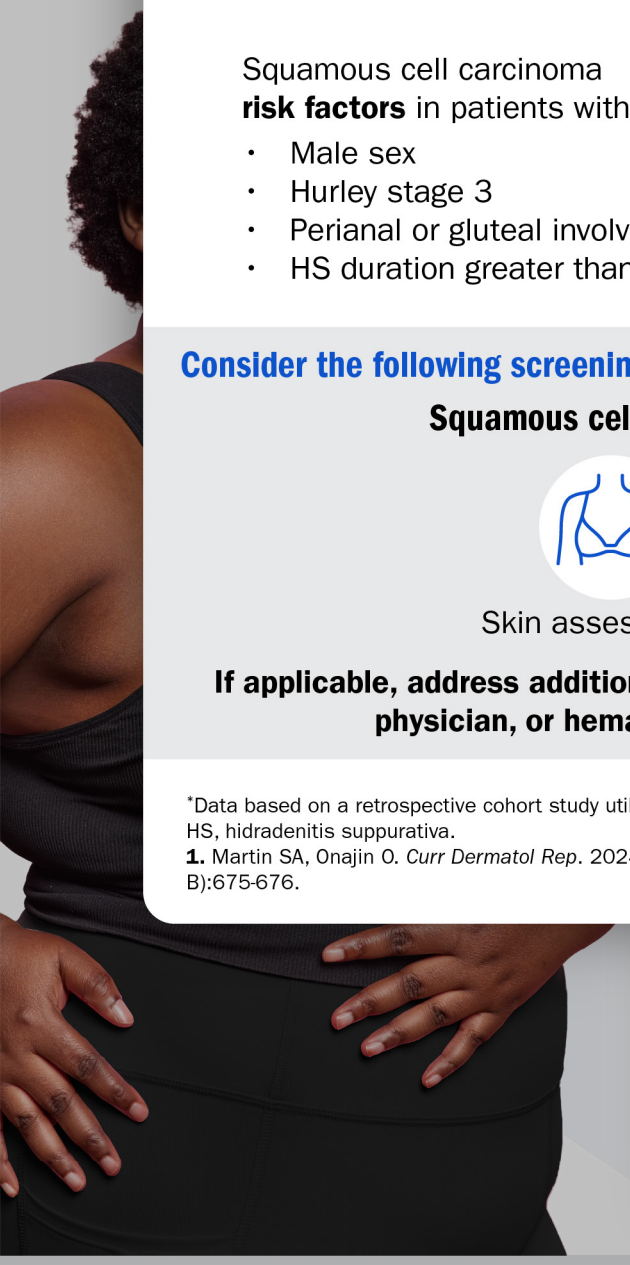
Skin assessment

Anemia

Complete blood count

If applicable, address additional skin conditions and refer to a surgeon, primary care physician, or hematologist for multidisciplinary management.[1]

*Data based on a retrospective cohort study utilizing medical records of 2,364 HS patients.[2]
HS, hidradenitis suppurativa.
1. Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314. **2.** Parameswaran A, et al. *Int J Womens Dermatol*. 2021;7(5)(part B):675-676.



- **MALIGNANCY AND HEMATOLOGIC DISEASE:**
  Squamous cell carcinoma
  Anemia
- **SEXUAL DYSFUNCTION**
- **GENETIC DISORDERS:**
  Patients with Down syndrome should be screened for HS

Some screenings **may be performed** by other healthcare providers. Dermatologists **may help guide** the multidisciplinary care team toward recommended screenings for potential comorbidities.[2]

1. Garg A, et al. *J Am Acad Dermatol*. 2020;82(2):366-376. **2.** Garg A, et al. *J Am Acad Dermatol*. 2022;86(5):1092-1101. **3.** Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314.

Hidradenitis Suppurativa Foundation, Inc.

Inspired by **patients.** Driven by **science.**

BENEATH THE SKIN: A GUIDE TO HIDRADENITIS SUPPURATIVA (HS) COMORBIDITY SCREENING

More
Curren
HS[2,3]:

CHRONIC PAIN IN PATIENTS WITH HS

HS is a **chronic and painful condition**. Patients with HS **often experience** chronic pain, which greatly impacts their quality of life and ability to do daily activities.[1]
Chronic pain may also contribute to **other comorbidities** in HS, such as **depression**.[2]

A study of patients with HS found the following[2,*]:

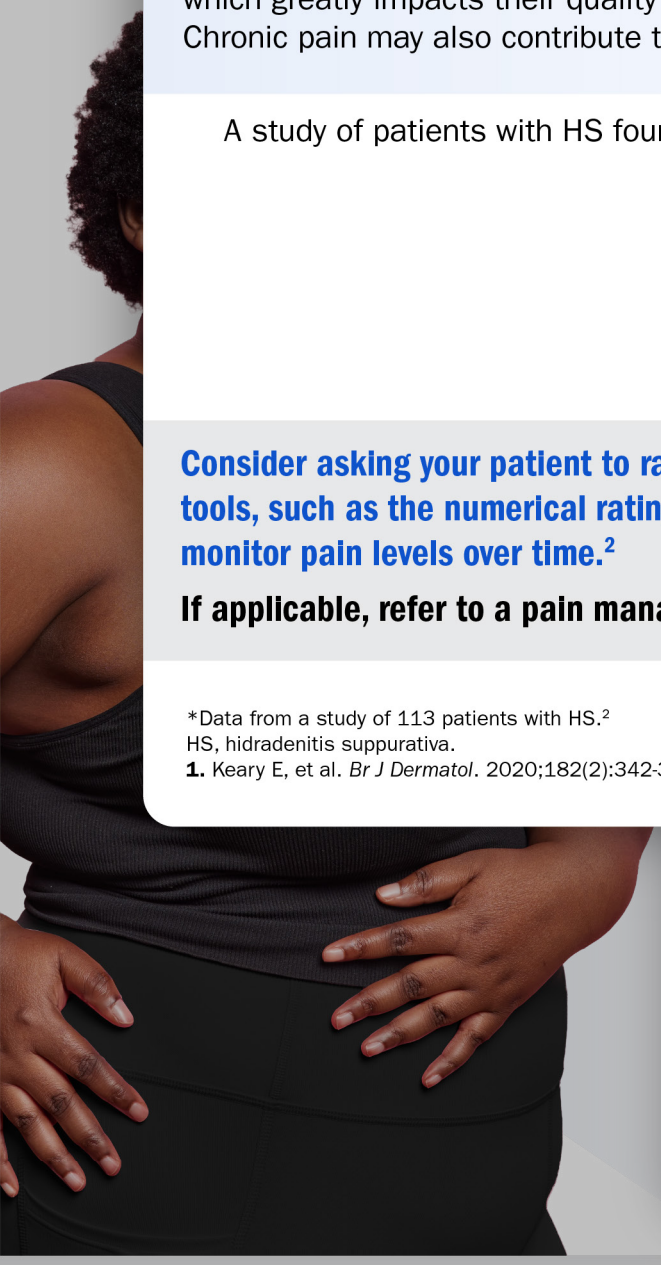
40%

have
comorbid chronic pain

Consider asking your patient to rate the severity of their pain using pain assessment tools, such as the numerical rating intensity scale, to evaluate pain intensity and monitor pain levels over time.[2]

If applicable, refer to a pain management physician for multidisciplinary management.[2]

*Data from a study of 113 patients with HS.[2]
HS, hidradenitis suppurativa.
1. Keary E, et al. *Br J Dermatol*. 2020;182(2):342-347. **2.** Martin SA, Onajin O. *Curr Dermatol Rep*. 2024;13:305-314.



um

ENDOCRINE DISEASE:
Polyendocrine metabolic ovarian syndrome

MALIGNANCY AND HEMATOLOGIC DISEASE:
Squamous cell carcinoma
Anemia

SEXUAL DYSFUNCTION

GENETIC DISORDERS:
Patients with Down syndrome should be screened for HS

Some screenings **may be performed** by other healthcare providers. Dermatologists **may help guide** the multidisciplinary care team toward recommended screenings for potential comorbidities.[2]

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Opioid Risk Tool

Introduction

The Opioid Risk Tool (ORT) is a brief, self-report screening tool designed for use with adult patients in primary care settings to assess risk for opioid abuse among individuals prescribed opioids for treatment of chronic pain. Patients categorized as high-risk are at increased likelihood of future abusive drug-related behavior. The ORT can be administered and scored in less than 1 minute and has been validated in both male and female patients, but not in non-pain populations.

Opioid Risk Tool

This tool should be administered to patients upon an initial visit prior to beginning opioid therapy for pain management. A score of 3 or lower indicates low risk for future opioid abuse, a score of 4 to 7 indicates moderate risk for opioid abuse, and a score of 8 or higher indicates a high risk for opioid abuse.

Mark each box that applies	Female	Male
Family history of substance abuse		
Alcohol	1	3
Illegal drugs	2	3
Rx drugs	4	4
Personal history of substance abuse		
Alcohol	3	3
Illegal drugs	4	4
Rx drugs	5	5
Age between 16—45 years	1	1
History of preadolescent sexual abuse	3	0
Psychological disease		
ADD, OCD, bipolar, schizophrenia	2	2
Depression	1	1
Scoring totals		

Questionnaire developed by Lynn R. Webster, MD to assess risk of opioid addiction.

Webster LR, Webster R. Predicting aberrant behaviors in Opioid-treated patients: preliminary validation of the Opioid risk too. Pain Med. 2005; 6 (6) : 432

AUDIT-C

Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential, so please be honest.

For each question in the chart below, place an X in one box that best describes your answer.

NOTE: In the U.S., a single drink serving contains about 14 grams of ethanol or "pure" alcohol. Although the drinks below are different sizes, each one contains the same amount of pure alcohol and counts as a single drink:

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many standard drinks containing alcohol do you have on a typical day?	1 or 2	3 to 4	5 to 6	7 to 9	10 or more	
3. How often do you have 4 or more drinks on one occasion?	Never	Less than Monthly	Monthly	Weekly	Daily or almost daily	
					Total	

Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

Scoring Information for facilitator:

A score of 3 is a positive score.

Clients with positive scores should complete the full AUDIT.

GAD-7

Over the last 2 weeks, how often have you been bothered by the following problems? *(Use "✔" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

(*For office coding: Total Score T*____ = ____ + ____ + ____)

Patient Health Questionnaire-2 (PHQ-2)

Over the last *2 weeks*, how often have you been bothered by any of the following problems?	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3

For office coding: _____*0*_____+_____+_____+_____

= Total Score _____

Adapted from the patient health questionnaire (PHQ) screeners (www.phqscreeners.com). Accessed October 6, 2016. See website for additional information and translations.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✔" to indicate your answer)*	**Not at all**	**Several days**	**More than half the days**	**Nearly every day**
1. Little interest or pleasure in doing things	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 — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING *0* **+** _____ **+** _____ **+** _____

=Total Score: _____

If you checked off any problems, how difficult 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	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
☐	☐	☐	☐

Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer Inc. No permission required to reproduce, translate, display or distribute.

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

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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
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FOR OFFICE CODING 0 + _____ + _____ + _____

=Total Score: _____

If you checked off any problems, how difficult 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	**Somewhat difficult**	**Very difficult**	**Extremely difficult**
☐	☐	☐	☐