

Adult Screening (18+)

Patient Name: _____ Date of Birth: _____

Name of Primary Care Provider: _____ Date: _____

PHQ-9 (Part 1)

Choose the one description for each item that best describes how many days you have been bothered by each of the following over the past 2 weeks : None=0, Several Days=1, More than half=2, Nearly Every Day=3	(0)	(1)	(2)	(3)
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling/staying asleep, sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down.				
7. Trouble concentrating on things, such as reading the newspaper or watching television				
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.				
9. Thoughts that you would be better off dead or of hurting yourself in some way. *if 1-3 follow up required				

TOTAL SCORE

<i>10. 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?</i>	<i>Not Difficult At All</i>	<i>Somewhat Difficult</i>	<i>Very Difficult</i>	<i>Extremely Difficult</i>
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Are you taking medications? Circle Answer: No (go to Part 2) or Yes How many? _____

If yes, complete following questions (circle answers):

Medication Adherence (Part 2)

Question 1	0	0	7	7	20	20
I am convinced of the importance of my prescription medicine.	Agree Completely	Agree Mostly	Agree Somewhat	Disagree Somewhat	Disagree Mostly	Disagree Completely
Question 2	14	14	4	4	0	0
I worry that my prescription medicine will do me more harm than good.	Agree Completely	Agree Mostly	Agree Somewhat	Disagree Somewhat	Disagree Mostly	Disagree Completely
Question 3	2	2	0	0	0	0
I feel financially burdened by my out-of-pocket expenses for my prescription medicine.	Agree Completely	Agree Mostly	Agree Somewhat	Disagree Somewhat	Disagree Mostly	Disagree Completely
TOTAL SCORE						

Continue with questions on back



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GAD-7 (Part 3)

During the past 2 weeks how often have you been bothered by any of the following: None=0, Several Days=1, More than half=2, Nearly Every Day=3	(0)	(1)	(2)	(3)
1. Feeling nervous, anxious, or on edge				
2. Unable to stop worrying				
3. Worrying too much about different things				
4. Problems relaxing				
5. Feeling restless or unable to sit still				
6. Feeling irritable or easily annoyed				
7. Being afraid that something awful might happen				
TOTAL SCORE				
8. <i>If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?</i>	<i>Not Difficult At All</i>	<i>Somewhat Difficult</i>	<i>Very Difficult</i>	<i>Extremely Difficult</i>

Do you use alcohol or recreational drugs? Yes ____ No ____ N/A ____ Patient Declined ____

If yes please complete the following questions:

Part 4	None	1 or More
1. MEN: How many times in the past year have you had 5 or more drinks in a day?	None	1 or More
2. WOMEN: How many times in the past year have you had 4 or more drinks in a day?	None	1 or More
3. DRUGS: <i>Recreational drugs include methamphetamines (speed, crystal) cannabis (marijuana, pot), inhalants (paint thinner, aerosol, glue), tranquilizers (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms), or narcotics (heroin).</i> How many times in the past year have you used a recreational drug or used a prescription medication for nonmedical reasons?	None	1 or More
4. Do you use tobacco products and are you interested in quitting or reducing use? (Circle yes or No)	Yes	No

Part 5

Do you need assistance with activities of daily living (such as bathing, toileting, cooking, etc.)?	Yes	No			
Do you have heat in your home?	Yes	No			
Do you have a ride to your appointments?	Yes	No			
Have you had any falls in the last 3 months?	Yes	No			
Have you had any visits to the ER or a hospital stay in the last 6 months?	Yes	No			
Within the past 12 months I worried whether my food would run out before I got money to buy more.	Often True	Sometimes True	Never True	Don't Know	Refuse
Within the past 12 months the food I bought just didn't last and I didn't have money to get more.	Often True	Sometimes True	Never True	Don't Know	Refuse

Office use only:

PCP made a warm handoff or referral to Clinical Pharm/Care Manager and/or BHC: yes or no

(BHC Only: Time Spent w/Patient: _____)