

**Patient Depression Questionnaire
(PHQ - 9; NQF 0712)**

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

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Developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues.

Patient Sticker	Patient Name: _____ Date of Birth: _____ Provider Signature: _____ Date: _____
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Assessment for Alcohol or Chemical Substance Abuse (NQF 0110)

Please circle the appropriate answer.		
1. Have you ever been under the influence of alcohol or drugs in a situation where it increased your chances of getting hurt—for example, when riding a bicycle, driving a car, or operating a machine?	Yes	No
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	Yes	No
3. Do you ever use alcohol/drugs while you are by yourself?	Yes	No
4. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	Yes	No
5. Do you ever forget things you did while using alcohol or drugs?	Yes	No
6. Have you gotten into trouble while you were using alcohol or drugs?	Yes	No

Suicide Risk Assessment (NQF 0104)

In the last 24 - 36 hours have you... <i>(Please circle the appropriate answer below)</i>		
1. ...thought of suicide and/or making any suicidal threats?	Yes	No
2. ...engaged in or considered any self-mutilating and/or self-injurious behavior?	Yes	No
3. ...had any homicidal thoughts or made any homicidal threats?	Yes	No
4. If you answered "Yes" to any of the 3 questions above, do you have a specific plan for carrying them out?	Yes	No
5. Do you currently have access to any weapons (i.e. knives, guns)? If so, please explain:	Yes	No

History <i>(Please circle the appropriate answer below)</i>		
1. Do you have any prior attempts of suicide: If 'Yes' please explain:	Yes	No
2. Do you have any family history of suicide? If 'Yes' please explain:	Yes	No

Patient Sticker