Name:_______________________________________Date of Birth ________________Today's Date________________

A Survey from Your Healthcare Provider

Part of keeping you healthy means asking some questions about your mood, emotions and behaviors.

We ask all of our patients who are your age these questions. Please answer them honestly.

During the past 12 months, did you:	**No**	**Yes**
1. Drink any Alcohol (more than a few sips)? **(Do not count sips of alcohol taken during family or religious events.)**	☐	☐
2. Smoke any Marijuana or hashish?	☐	☐
3. Use anything else to get high? **("anything else" includes illegal drugs, over the counter and prescription drugs and things that you sniff or huff)**	☐	☐

(For office use only): Check to Proceed w/Part B__________

During the past two weeks, how often have you been bothered by any of the following problems?

	Not at All (0)	Several Days (1)	More Than Half the Days (2)	Nearly Every Day (3)
1. Feeling down, depressed, irritable or hopeless?	☐	☐	☐	☐
2. Little interest or pleasure in doing things?	☐	☐	☐	☐
3. Trouble falling or staying asleep or sleeping too much?	☐	☐	☐	☐
4. Poor appetite, weight loss, or overeating?	☐	☐	☐	☐
5. Feeling tired or having little energy?	☐	☐	☐	☐
6. Feeling bad about yourself—feeling that you are a failure, or have let yourself or your family down?	☐	☐	☐	☐
7. Trouble concentrating on things, like school work, reading or watching TV?	☐	☐	☐	☐
8. Moving or speaking so slowly that other people could have noticed? Or the opposite—being so fidgety or restless that you were moving around a lot more than usual?	☐	☐	☐	☐
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	☐	☐	☐	☐

*In the **past year** have you felt depressed or sad most days, even if you felt okay sometimes? Yes ☐ No ☐

*If you are experiencing any of the problems on this form, 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 ☐

*Has there been a time in the **past month** when you have had serious thoughts about ending your life? Yes ☐ No ☐

*Have you **EVER**, in your **WHOLE LIFE**, tried to kill yourself or made a suicide attempt? Yes ☐ No ☐

*Do you ever feel unsafe? Yes ☐ No ☐

(For office use only) PHQ score_______

CRAFFT Part B **(Office Staff or Provider)** to administer if any questions in Part A are Yes.

1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? 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 or drugs while you are by yourself, or ALONE? Yes ☐ No ☐
4. Do you ever FORGET things you did while using alcohol or drugs? Yes ☐ No ☐
5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? Yes ☐ No ☐
6. Have you ever gotten into TROUBLE while you were using alcohol or drugs? Yes ☐ No ☐

Scoring Instructions: For Clinic Staff Use Only

CRAFFT Scoring: Each Yes response in Part B scores 1 point.

A total score of 2 or higher is a positive screen, indicating a need for additional assessment.

(for office use only) CRAFFT score _______

PHQ-9 Patient Depression Questionnaire

For initial diagnosis:

1. Patient completes PHQ-9 Quick Depression Assessment.
2. If there are at least 4 ✓s in the shaded section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.

Consider Major Depressive Disorder

- if there are at least 5 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Consider Other Depressive Disorder

- if there are 2-4 ✓s in the shaded section (one of which corresponds to Question #1 or #2)

Note: Since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.
Diagnoses of Major Depressive Disorder or Other Depressive Disorder also require impairment of social, occupational, or other important areas of functioning (Question #10) and ruling out normal bereavement, a history of a Manic Episode (Bipolar Disorder), and a physical disorder, medication, or other drug as the biological cause of the depressive symptoms.

To monitor severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Patients may complete questionnaires at baseline and at regular intervals (eg, every 2 weeks) at home and bring them in at their next appointment for scoring or they may complete the questionnaire during each scheduled appointment.
2. Add up ✓s by column. For every ✓: Several days = 1 More than half the days = 2 Nearly every day = 3
3. Add together column scores to get a TOTAL score.
4. Refer to the accompanying **PHQ-9 Scoring Box** to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Scoring: add up all checked boxes on PHQ-9

For every ✓ Not at all = 0; Several days = 1;
More than half the days = 2; Nearly every day = 3

Interpretation of Total Score

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depression

PHQ9 Copyright © Pfizer Inc. All rights reserved. Reproduced with permission. PRIME-MD ® is a trademark of Pfizer Inc.

A2662B 10-04-2005