

DATE: _____ NAME: _____ Date Of Birth: _____

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: Total Score: _____ = 0 + _____ + _____ + _____

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Social Determination of Health Form

Housing

1. What is your housing situation today?

- I do not have housing (I am staying with others, in a hotel, in a shelter, living on the street, in a car, abandoned building, bus or train station, in a park).
 I have housing today, but am worried about losing housing in the future.
 I have housing, and I am not worried.

2. Think about the place you live. Do you have problems with any of the following?

- Bug Infestation Mold Lead paint or pipes Water Leaks
 Inadequate Heat Oven or stove nor working
 None or not working smoke detectors No problems

Food

1. Within the past 12 months, you were worried that your food would run out before you got money to buy more.

- Often true Sometimes true Never true

2. Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

- Often true Sometimes true Never true

Personal Safety

1. How often does anyone, including family, physically hurt you?

- Never Rarely Sometimes Fairly often Frequent

2. How often does anyone, including family, insult or talk down to you?

- Never Rarely Sometimes Fairly often Frequent

3. How often does anyone, including family, threaten you with harm?

- Never Rarely Sometimes Fairly often Frequent

4. How often does anyone, including family, scream or curse at you?

- Never Rarely Sometimes Fairly often Frequent

Assistance

Would you like help with any of these needs? Yes No

ICD Code: **Z13.9**

CPT code neg screening: **G9920** positive screening: **G9919**