INTERNAL MEDICINE OF GREATER NEW HAVEN, LLC
1952 Whitney Avenue | Hamden, CT 06517
T: 203-848-1803 F: 203-848-1777

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: _____ Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "x" to indicate your answer)

	Not at all	Some Days	Most Days	Nearly every day
	0	1	2	3
1) Little interest or pleasure in doing things	☐	☐	☐	☐
2) Feeling down, depressed, or hopeless	☐	☐	☐	☐
3) Trouble falling asleep or staying asleep, or 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 notice; or the opposite, being so fidgety or restless that you have been moving around more than usual	☐	☐	☐	☐
9) Thoughts that you would be better off dead or hurting yourself in some way	☐	☐	☐	☐

Total Score: _____

Interpretation
- ☐ Minimal Depression
- ☐ Mild Depression
- ☐ Moderate Depression
- ☐ Moderately Severe Depression
- ☐ Severe Depression

Interpretation of Total Score for Depression Severity

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

**********SCORE OF 5 OR ABOVE NEEDS AN APPOINTMENT IN 3 MONTHS. A SCORE OF 9 AND ABOVE NEEDS AN APPOINTMENT IN 3 MONTHS AND THEN AGAIN IN 1 YEAR OF THE ORIGINAL PHQ9**********

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www.imgreaternewhaven.com

Date: _____

Name: _____ Gender _____

Did you have a drink containing alcohol in the past year? **YES** **NO**

If YES: How often did you have a drink containing alcohol in the past year?

NEVER	(0 pts)
MONTHLY or Less	(1 pts)
2-4 TIMES A MONTH	(2 pts)
2-3 TIMES PER WEEK	(3 pts)
4 or MORE TIMES PER WEEK	(4 pts)

IF "Yes": How many drinks did you have on a typical day when you were drinking in the past year?

1 or 2	(0 pts)
3 or 4	(1 pts)
5 or 6	(2 pts)
7 to 9	(3 pts)
10 or more	(4 pts)

IF "Yes": How often did you have six or more drinks on one occasion in the past year?

Never	(0 pts)
Less than monthly	(1 pts)
Monthly	(2 pts)
Weekly	(3 pts)
Daily or almost daily	(4 pts)

INTERPRETATION: **POSITIVE** **NEGATIVE**

The AUDIT-C is scored on a scale of 0-12 (scores of 0 reflect no alcohol use).
In men, a score of 4 or more is considered POSITIVE.
In women, a score of 3 or more is considered POSITIVE

Patient Questionnaire

Name:_____ Date of Birth: _____

1. When and where did you have your last **mammogram**? (3014F)
   Date: _____ *Location/Facility:* _____
   ☐ Does not apply

2. When and where did you have your last **colonoscopy**? (3017F)
   Date: _____ *Location/Facility:* _____
   ☐ Does not apply

3. When and where did you have your last **influenza (flu) vaccine**? (4037F or G8482)
   Date: _____ *Location/Facility:* _____

4. When and where did you have your last **pneumonia vaccine**? (4040F; Walgreens/CVS, previously given).
   Date: _____ *Location/Facility:* _____
   ☐ Does not apply

5. If you are a **diabetic,** when and where was your last **eye exam**? (2022F within 1 year, 3072F within 2 years)
   Date: _____ *Location/Facility:* _____
   ☐ Does not apply

Fall History

(for ALL patients over 65 regardless of insurance)

Patient Name: _____ DOB: _____ Date: _____

How many falls have you had in the past year?

- ▢ No falls in the past year
- ▢ *One fall* **with** injury in the past year
- ▢ *Two or more falls* **with** injury in the past year
- ▢ *One fall* **without** injury in the past year
- ▢ *Two or more falls* **without** injury in the past year