CentraCare™

Patient Name: ____________________ Date: ____________________

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? ***(circle a number 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
	Add columns:	☐ +	☐ +	☐
	Total Score	☐		

If you checked off any of these 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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GAD-7 Anxiety Scale

Over the last 2 weeks, how often have you been bothered by any of the following problems? ***(circle a number to indicate your answer)***	Not at all	Several Days	More than half the days	Nearly every day
1. Feel nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble Relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
	Add columns:	☐ +	☐ +	☐
	Total Score	☐		

If you checked off any of these 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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PROMIS Scale v1.2 Global Health

Please respond to each question or statement by marking one box per row.

	Excellent	Very Good	Good	Fair	Poor
1. In general, would you say your health is:	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
2. In general, would you say your quality of life is:	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
3. In general, how would you rate your physical health?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
4. In general, how would you rate your mental health including your mood and your ability to think?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
5. In general, how would you rate your satisfaction with your social activities and relationships?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
6. In general, please rate how well you carry out your usual social activities and roles. (This includes activities at home, at work and in your community, and your responsibilities as a parent, child, spouse, employee, friend, etc.)	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

	Completely	Mostly	Moderately	A little	Not at all
7. To what extent are you able to carry out your everyday physical activities such as walking, climbing stairs, carrying groceries, or moving a chair?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

In the past 7 days...

	Never	Rarely	Sometimes	Often	Always
8. How often have you been bothered by emotional problems such as feeling anxious, depressed or irritable?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

	None	Mild	Moderate	Severe	Very Severe
9. How would you rate your fatigue on average?	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

10. How would you rate your pain on average?	☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6	☐ 7	☐ 8	☐ 9	☐ 10
	No Pain										**Worst pain imaginable**

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