

Adult Outcomes Questionnaire 1.4

Name _____ Medical Record # _____ Date _____

| PHQ-9 Over the last two weeks, how often have you been bothered by any of the following problems? (Circle only one number per line) | | 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 |

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Add the circled numbers in each column, then add the sums: 0 + = A

| | | | | | |
|-----|--|---|---|---|---|
| 10. | Feeling nervous, anxious or on edge | 0 | 1 | 2 | 3 |
| 11. | Not being able to stop or control worrying | 0 | 1 | 2 | 3 |
| 12. | Feeling unproductive at work or other daily activities | 0 | 1 | 2 | 3 |
| 13. | Having trouble focusing on achieving your goals | 0 | 1 | 2 | 3 |

Add the circled numbers in each column, then add the sums: 0 + = B

TOTAL (A + B) =

| If you have had a visit in the Mental Health Department, circle the number that BEST matches your feelings about your most recent visit | | Only a little or not at all | Sometimes | Quite a bit | Totally |
|---|--|-----------------------------|-----------|-------------|---------|
| 1. | In the session, we discuss the things that are most important to me. | 0 | 1 | 2 | 3 |
| 2. | I feel understood and respected by my clinician. | 0 | 1 | 2 | 3 |
| 3. | I understand and agree with my treatment plan. | 0 | 1 | 2 | 3 |

Goodness of Fit score: 0 + = F