KAISER PERMANENTE®

AOQ 1.4

Name: _____ Medical Record Number: _____ Date: _____

PHQ-9 Over the last 2 weeks, how often have you been bothered by any of the following problems? (Check 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 down 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 might be better off dead, or hurting yourself in some way.	☐ 0	☐ 1	☐ 2	☐ 3
Add the checked 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 checked numbers in each column; then add the sums:	0	+ ☐	+ ☐	+ ☐ = ☐ B

Global Distress Score (GDS): TOTAL (A + B)= ☐ GDS

Relationship Review

Many health problems can be affected by stress in your relationships. Making the connection can help you take steps toward better health.

1. Are you currently in a relationship where your partner hits, slaps,kicks, or hurts you?	☐ Yes	☐ No	☐ Prefer not to answer
2. Are you currently in a relationship where you feel threatened by your partner?	☐ Yes	☐ No	☐ Prefer not to answer
3. Have you ever had a partner who physically hurt or threatened you?	☐ Yes	☐ No	☐ Prefer not to answer

Clear Form

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