

Patient Name: _____

Date: _____

Please complete the front of this page.

1. Depression (age 12 and older): Do you currently have a diagnosis of depression or bipolar disorder?

_____ Yes. If yes, proceed to question # 2

_____ No. If no, please answer the questions in the following table:

(PHQ9) Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following problems?	Not at all (0)	Several days (1)	More than half the days (2)	Nearly every day (3)
1) Little interest or pleasure in doing things				
2) Feeling down, depressed, or hopeless				
3) Trouble falling 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 have noticed OR being so fidgety or restless that you have been moving around a lot more than usual?				
9) Thoughts that you would be better off dead or of hurting yourself in some way				

2. Please answer the following questions (age 65 and older): (EASI)

1) Have you relied on people for any of the following: bathing, dressing, shopping, banking, or meals?	Yes	No
2) Has anyone prevented you from getting food, clothes, medication, glasses, hearing aids or medical care, or from being with people you wanted to be with?	Yes	No
3) Have you been upset because someone talked to you in a way that made you feel shamed or threatened?	Yes	No
4) Has anyone tried to force you to sign papers or to use your money against your will?	Yes	No
5) Has anyone made you afraid, touched you in ways that you did not want, or hurt you physically?	Yes	No

3. Have you been diagnosed with Diabetes?

_____ Yes

_____ No