

Behavioral Health Screening Questionnaire

Name: _____

Date: _____ Birthdate/Age: _____

Over the **last two weeks**, how often have you been bothered by any of the following problems?

PHQ9 (please circle your answer & **check the boxes that apply to you**)

| | 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. <input type="checkbox"/> Trouble falling or staying asleep, or <input type="checkbox"/> sleeping too much | 0 | 1 | 2 | 3 | |
| 4. Feeling tired or having little energy | 0 | 1 | 2 | 3 | |
| 5. Poor appetite or <input type="checkbox"/> 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. <input type="checkbox"/> Moving or speaking so slowly that other people could have noticed, or <input type="checkbox"/> the opposite - being so fidgety or restless that you've been moving around a lot more than usual | 0 | 1 | 2 | 3 | |
| 9. Thoughts that you would be better off dead, or <input type="checkbox"/> hurting yourself in some way | 0 | 1 | 2 | 3 | Total |
| (0) | add columns: | | | | |

GAD-7

| | | | | | |
|--|--------------|---|---|---|--------------|
| 1. Feeling 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 | Total |
| (8) | add columns: | | | | |

| | | | |
|----------|---|----|-----|
| C | Have you ever felt the need to cut down on your drinking or drug use? | No | Yes |
| A | Have people annoyed you by criticizing your drinking or drug use? | No | Yes |
| G | Have you ever felt guilty about drinking or drug use? | No | Yes |
| E | Have you ever felt you needed a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover (Eye-Opener)? | No | Yes |

Would you like to receive a follow up from one of our team members within the next week to learn about available resources? Yes _____ No _____

Would you like to receive a follow up from a Licensed Clinical Social Worker to go over the results of your questionnaire? Yes _____ No _____

If yes, please provide your best phone number or email address. Please note, if you do not request follow up, you will generally not receive any additional communications.

Phone: _____ Email address: _____

If by phone, may we leave a message in the event that you do not answer? Yes _____ No _____

Scores that are severe and/or life threatening are typically urgent referrals to BHS based on the following scores:

- PHQ-9: 0-4 = Mild 5-14 = Moderate 15+ = Severe
- GAD-7: 0-4 = Mild 5-14 = Moderate 15+ = Severe
- CAGE-AID: A "yes" answer to one item may indicate a possible substance use disorder and a need for further testing.

If you've completed this form via the Healthy Lee website or without the presence of a Licensed Clinical Social Worker, please know that completing this form is not a substitute for medical care. If you feel that you may be at risk of harming yourself or others, please call 911 or the Mobile Crisis Unit at (844) 395-4432 immediately. 911 and the Mobile Crisis Unit are available 24/7. **NOTE: This is not a staffed site where responses are immediate, please allow at least 72 hours for a response).**

Once you have submitted the form via the website submittal process, if you've requested a follow up call to obtain resources, or a call from a Licensed Clinical Social Worker please allow at least 72 hours for a response.

Other comments:

I understand that Healthy Lee is a community resource and is not a health care provider. I further understand that this document is a screening tool only and is not offered as mental health, medical or other professional treatment or advice and should not substitute for professional assistance should I require this. I understand that it is my responsibility to consult with a physician or mental health provider should I require medical advice and treatment.

I hereby release, waive, acquit and forever discharge Healthy Lee, any of its partners, any of its affiliated entities, any agents, successors, assigns, personal representatives, executors, heirs and employees from every claim, suit action, demand or right to compensation for damages I may claim to have or that I may have arising out of acts or omissions by myself or by Healthy Lee as a result of the advice given by Healthy Lee or otherwise resulting from the completion of this questionnaire.

Signature

Date