Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PHQ-9** | **NOT AT ALL** | **SEVERAL DAYS** | **MORE THAN HALF THE DAYS** | **NEARLY EVERY DAY** |
| 1. **Lack of interest** or pleasure in doing things | 0 | 1 | 2 | 3 |
| 1. **Feeling down**, depressed or hopeless | 0 | 1 | 2 | 3 |
| 1. Trouble falling a**sleep**, staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 1. **Feeling tired** or having little energy | 0 | 1 | 2 | 3 |
| 1. Poor **appetite** or overeating | 0 | 1 | 2 | 3 |
| 1. **Feeling bad about yourself** – or that you’re a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 1. **Trouble concentrating** on things: reading, watching television, participating in activities | 0 | 1 | 2 | 3 |
| 1. **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 |
| 1. **Thoughts** that you would be better off dead or **of hurting yourself** in some way | 0 | 1 | 2 | 3 |

**TOTAL SCORE: \_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **GAD-7** | **NOT AT ALL** | **SEVERAL DAYS** | **MORE THAN HALF THE DAYS** | **NEARLY EVERY DAY** |
| 1. Feeling **nervous, anxious or on edge** | 0 | 1 | 2 | 3 |
| 1. **Not being able to stop** or control **worrying** | 0 | 1 | 2 | 3 |
| 1. **Worrying too much** about different things | 0 | 1 | 2 | 3 |
| 1. **Troubles relaxing** | 0 | 1 | 2 | 3 |
| 1. Being **so restless it is hard to sit still** | 0 | 1 | 2 | 3 |
| 1. Feeling **easily annoyed or irritable** | 0 | 1 | 2 | 3 |
| 1. **Feeling afraid that something awful might happen** | 0 | 1 | 2 | 3 |

**TOTAL SCORE: \_\_\_\_\_\_\_\_\_**

**If the patient scores anything on Q#9 complete the SAFE-T Protocol Form and identify treatment interventions based on level of suicide risk identified.**

**PHQ-9 Scoring**

|  |  |  |
| --- | --- | --- |
| **Score** | **Description** | **Treatment** |
| 0-4 | None | provide support, encourage continued activities |
| 5-9 | Minimal symptoms | provide support, discuss support system, provide education |
| 10-14 | Minor depressive symptoms | Provide support, discuss support system, provide education, explore idea of referral for medications, update care plan |
| 15-19 | Major depressive symptoms | Provide support, discuss support system, provide education, strongly encourage seeing PCP or nephrologist for medications, encourage counseling, notify IDT team of concerns, update care plan |
| >20 | Major depressive symptoms | Provide support, provide education, strongly encourage seeing PCP or nephrologist for medications, notify IDT team & other care teams involved of concerns, update care plan, option of family/support people conference |

**GAD-7 Scoring**

|  |  |  |
| --- | --- | --- |
| **Score** | **Description** | **Treatment** |
| 0-4 | None | provide support, encourage continued activities |
| 5-9 | Mild symptoms | provide support, discuss support system, provide education |
| 10-14 | Moderate symptoms | Provide support, discuss support system, provide education, explore idea of referral for medications, update care plan |
| 15-21 | Severe symptoms | Provide support, discuss support system, provide education, strongly encourage seeing PCP or nephrologist for medications, encourage counseling, notify IDT team of concerns, update care plan |