CHHABRA MEDICAL CORPORATION PC

PORTAGE HEALTH CENTER
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HOBART HEALTH CENTER
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HOBART, IN 46342
219-769-2258

B. Chhabra, MD
Family Practice

M. Geeta, MD
Family Practice

S. Meeks, NP
Family Nurse Practitioner

K. Kozub, NP
Family Nurse Practitioner

S. Wojcik, NP
Family Nurse Practitioner

NAME: _____ **D.O.B:** _____ **DATE:** _____

Patient Health Questionnaire (PHQ-9)

Over the last 2 weeks, how often have you been bothered by the following problems? *(use "√" to indicate your answer)*	**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	0	1	2	3
Add columns		+	+	

TOTAL:

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card)

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	**Not difficult at all**	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____

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Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	**Not at all**	**Several Days**	**Over half the days**	**Nearly every day**
1. Feeling nervious, 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's 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
Add the score for each column	+	+	+	
Total Score (add your column scores) =				

If you checked off any problems, how difficult have these made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

Source: Spitzer RL, Kroenke K, Williams JBW, Lowe B. A brief measure for assessing generalized anxiety disorder. *Arch Inern Med* 2006; 166:1092-1097

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The Alcohol Use Disorders Identification Test

Answer the following question regarding your use of alcoholic beverages during this past year. Examples of "alcoholic beverages" are beer, wine, vodka, etc.

1. How often do you have a drink containing alcohol?
   (0) Never [Skip to Qs 9-10]
   (1) Monthly or less
   (2) 2 to 4 times a month
   (3) 2 to 3 times a week
   (4) 4 or more times a week

2. How many drinks containing alcohol do you have on a typical day when you are drinking?
   (0) 1 or 2
   (1) 3 or 4
   (2) 5 or 6
   (3) 7, 8, or 9
   (4) 10 or more

3. How often do you have six or more drinks on one occasion?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

   Skip to Questions 9 and 10 if Total Score for Questions 2 and 3 = 0

4. How often during the last year have you found that you were not able to stop drinking once you had started?
   (0) Never [Skip to Qs 9-10]
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?
   (0) Never [Skip to Qs 9-10]
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

6. How often during the last year have you needed a drink in the morning to get yourself going after a heavy drinking sessions?
   (0) Never
   (1) Less than Monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

7. How often during the last year have you had a feeling of guild or remorse after drinking?
   (0) Never
   (1) Less than Monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

8. How often during the last y ear have you been unable to remember what happened the night before because you had been drinking?
   (0) Never
   (1) Less than monthly
   (2) Monthly
   (3) Weekly
   (4) Daily or almost daily

9. Have you or someone else been injured as a result of your drinking?
   (0) No
   (2) Yes, but not in the last year
   (4) Yes, during the last year

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?
    (0) No
    (1) Yes, but not in the last year
    (2) Yes, during the last year

Record total of specific items here

If total is greater than recommended cut-off, consult User's Manual

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Tobacco Assessment Form

How soon after waking do you smoke your first cigarette?	Within 5 minutes 5-30 minutes 31-60 minutes	3 ❑ 2 ❑ 1 ❑
Do you find it difficult to refrain from smoking in the places where it is forbidden? *e.g. Church, Library, etc*	YES NO	1 ❑ 0 ❑
Which cigarette would you hate to give up?	The first in the morning Any other	1 ❑ 0 ❑
How many cigarettes a day do you smoke?	10 or less 11-20 21-30 31 or more	0 ❑ 1 ❑ 2 ❑ 3 ❑
Do you smoke even if you are sick in bed most of the day?	YES NO	1 ❑ 0 ❑
Do y ou smoke more frequently in the morning?	YES NO	1 ❑ 0 ❑

Score	1-2 = low dependence, 3-4 = low to mod dependence, 5-7 = moderate dependence, 8+ = high dependence

Previous smoker Y / N Years Quit _____ Never Smoked

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STANDARD DRINK EQUIVALENTS	APPROXIMATE NUMBER OF STANDARD DRINKS IN A WEEK:
BEER OR COOLER	
12 oz.  ~5% alcohol	12 oz. = 1 16 oz. =1.3 22 oz. = 2 40 oz. = 3.3
MALT LIQUOR	
8-9 oz  ~12% alcohol	12 oz. = 1.5 16 oz. = 2 22 oz. = 2.5 40 oz. = 4.5
TABLE WINE	
5 oz  ~12% alcohol	750 mL (25oz) bottle = 5
80-proof SPIRITS (hard liquor)	
1.5 oz  ~40% alcohol	Mixed drink = 1 or more* Pint (16oz) = 11 Fifth (25 oz) = 17 1.75 L (59 oz) = 39 *Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.