

Mental Health Questionnaire — Adult (PHQ-9)

Only the adult client should enter information onto this questionnaire

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days (1 to 7 days)	More than half the days (7 to 12 days)	Nearly every day (13 to 14 days)
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 in some way.	0	1	2	3

Life Impact Scale:

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 Somewhat difficult Very difficult Extremely difficult

COMPLETED BY STAFF ONLY

0 + _____ + _____ + _____

= Total Score _____

Insurance Information: No Insurance Medicaid Medicare Private Insurance

Past or Current Use of Resources:

Have you used community resources for mental health-related concerns in the past?

Name of community agency: _____

Date of last appointment: _____ Date of next appointment: _____

Name of your most recent or current mental health treatment provider: _____

Date of last appointment: _____ Date of next appointment: _____

NO recent or current mental health treatment provider

Accountability Statement

The information is true and accurate to the best of my knowledge. I understand that this questionnaire is optional and that my name will not be released without my permission. The results of this questionnaire will not prevent me from receiving services from this agency.

Client Signature

Date

PHQ-9 Quick Depression Assessment Scoring Guidelines

Based on the client's total score from the previous page, make one of the following recommendations:

0-4: There is no need for referral at this time.

5-9: The client may benefit from the use of natural supports or mental health services.

10-19: The client should seek professional mental health services.

20-27: The client should access behavioral health crisis services immediately.

**Note: A higher level of difficulty on the Life Impact Scale may warrant more intensive or immediate services.*

Action taken at this time (e.g., none, 2-1-1, mental health counseling, etc.):

Employee Signature

Date

Referral Numbers in Alamance & Caswell Counties

Medicaid or no insurance

Call the Cardinal Innovations Healthcare Solutions, 24-Hour toll free Access/Crisis Call Line: (800) 939-5911.

Private insurance, Medicare, or NC Health Choice Call the number listed on the person's insurance card.

Not eligible for Medicaid or state funding and does not have private insurance

- **2-1-1:** Operated by United Way and is free to all callers. 2-1-1 provides a list of community services in each county.
- **Centro La Comunidad:** For more information or to schedule an appointment call (336) 222-6868.

Crisis Services For Alamance & Caswell Counties

Cardinal Innovations Healthcare Solutions, 24-hour toll free Access/Crisis Call Line: (800) 939-5911

- **24-Hour Mobile Crisis Services:** A mental health professional will respond on the phone as well as on-site, when appropriate, to assess the person in crisis. **Call the Cardinal Innovations Healthcare Solutions, 24-hour toll free Access/Crisis Call Line:** (800) 939-5911.

Walk-In Crisis Services

- **Advanced Access:** Monday - Friday, 8 a.m. to 8 p.m.
2732 Anne Elizabeth Drive, Burlington, NC 27215, Phone: 336-513-4200
- **Trinity Behavioral Healthcare:** Monday - Friday, 8 a.m. to 5 p.m.
2716 Troxler Road, Burlington, NC 27215, Phone: 336-285-6790