

Name: _____ Date: _____

DOB: _____

Patient Health Questionnaire-9 (PHQ-9)

Over the **last 2 weeks**, how often have you been bothered by any of 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 you 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 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

FOR OFFICE CODING 0 + + + _____
= Total Score _____

If you check 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

Scoring:

Total Score	Depression Severity
1-4	Minimal depression
5-9	Mild depression
10-14	Moderate depression
15-19	Moderately severe depression
20-27	Severe depress

Activities of Daily Living Questions

Activities	INDEPENDENCE (1 POINT) No supervision or personal assistance needed	DEPENDENCE (0 POINTS) WITH supervision, direction, personal assistance or total care
BATHING POINTS: _____	Bathes self completely or needs help in bathing only a single part of the body such as the back, genital area or disabled extremity (1 point)	Need help with bathing more than one part of the body, getting in or out of the tub or shower. Requires total bathing (0 points)
DRESSING: POINTS: _____	Gets clothes from closets and drawers and puts on clothes and outer garments complete with fasteners. May have help tying shoes (1 point)	Needs help with dressing self or needs to be completely dressed (0 points)
TOLIETING POINTS: _____	Goes to toilet, gets on and off, arrange clothes, cleans genital area without help (1 point)	Needs help transferring to the toilet, cleaning self or uses bedpan or commode (0 points)
TRANSFERRING POINTS: _____	Moves in and out of bed or chair unassisted. Mechanical transfer aids are acceptable (1 point)	Needs help in moving from bed to chair or requires a complete transfer (0 points)
CONTINENCE POINTS: _____	Exercises complete self- control over urination and defecation (1 point)	Is partially or totally incontinent of bowel or bladder (0 points)
FEEDING POINTS: _____	Gets food from plate into mouth without help. Preparation of food may be done by another person (1 point)	Needs partial or total help with feeding or requires parenteral (tube) feeding (0 points)

Katz Index of Independence in Activities of Daily Living

Total Points: _____

Scoring: 6 = High (patient independent) 0 = Low (patient very dependent)

Functional Activities Questionnaire

Administration

Ask informant to rate patient's ability using the following scoring system:

- Dependent = 3
- Requires assistance = 2
- Has difficulty but does by self = 1
- Normal = 0
- Never did [the activity] but could do now = 0
- Never did and would have difficulty now = 1

1.	Writing checks, paying bills, balancing checkbook	
2.	Assembling tax records, business affairs, or papers	
3.	Shopping alone for clothes, household necessities, or groceries	
4.	Playing a game of skill, working on a hobby	
5.	Heating water, making a cup of coffee, turning off stove after use	
6.	Preparing a balanced meal	
7.	Keeping track of current events	
8.	Paying attention to, understanding, discussing TV, book, magazine	
9.	Remembering appointments, family occasions, holidays, medications	
10.	Traveling out of neighborhood, driving, arranging to take buses	
TOTAL SCORE:		

Evaluation

Sum scores (range 0-30). Cut-point of 9 (dependent in 3 or more activities) is recommended to indicate impaired function and possible cognitive impairment.

CLINICAL DEMENTIA RATING (CDR) Patient's Initials _____

CLINICAL DEMENTIA RATING (CDR)				
0	0.5	1	2	3

		Impairment				
		None 0	Questionable 0.5	Mild 1	Moderate 2	Severe 3
Memory	<p>No memory loss or slight inconsistent forgetfulness</p> <p>Fully oriented</p>	<p>Consistent slight forgetfulness; partial recollection of events; "benign" forgetfulness</p> <p>Fully oriented except for slight difficulty with time relationships</p>	<p>Moderate memory loss; more marked for recent events; defect interferes with everyday activities</p> <p>Moderate difficulty with time relationships; oriented to place of examination; may have geographic disorientation elsewhere</p>	<p>Severe memory loss; only highly learned material retained; new material rapidly lost</p> <p>Severe difficulty with time relationships; usually disoriented to time, often to place</p>	<p>Severe memory loss; only fragments remain</p>	
Orientation						<p>Oriented to person only</p>
Judgement & Problem Solving	<p>Solves everyday problems and handles business and financial affairs well; judgement good in relation to past performances</p>	<p>Slight impairment in solving problems, similarities and differences</p>	<p>Moderate difficulty in handling problems, similarities and differences; social judgement usually maintained</p>	<p>Severely impaired in handling problems, similarities and differences; social judgement usually impaired</p>	<p>Unable to make judgements or solve problems</p>	
Community Affairs	<p>Independent function at usual level in job, shopping, volunteer and social groups</p>	<p>Slight impairment in these activities</p>	<p>Unable to function independently at these activities although may still be engaged in some; appears normal to casual inspection</p>	<p>No pretence of independent function</p> <p>Appears well enough to be taken to functions outside the family home</p> <p>independent function</p>	<p>Appears too ill to be taken to functions outside the family home</p>	
Home & Hobbies	<p>Life at home, hobbies and intellectual interests well maintained</p>	<p>Life at home, hobbies and intellectual interest slightly impaired</p>	<p>Mild but definite impairment of function at home more difficult tasks abandoned; more complicated hobbies and interests abandoned</p>	<p>Only simple tasks preserved; very restricted interests, poorly maintained</p>	<p>No significant function in home</p>	
Personal Care	<p>Full capable of self-care</p>		<p>Needs prompting</p>	<p>Requires assistance in dressing, hygiene, keeping of personal effects</p>	<p>Requires much help with personal care; frequent incontinence</p>	

Score: only as decline from previous usual level due to cognitive loss, not impairment due to other factors.