The Psychiatry Group PLLC

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Behavioral Health Assessment

Name: _____ Date of birth: _____ Date completed: _____

Claim #: _____

PHQ-9 - Depression

Over the last 2 weeks, how often bothered by:

Response key: 0 = Not at all 1 = Several days 2 = More than half the days 3 = 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 in some way
   ☐ 0 ☐ 1 ☐ 2 ☐ 3

GAD-7 - Anxiety

Over the last 2 weeks, how often bothered by:

Response key: 0 = Not at all 1 = Several days 2 = More than half the days 3 = Nearly every day

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

WHODAS 2.0 - Functioning (past 30 days)

How much difficulty did you have in:

Response key: 0 = None 1 = Mild 2 = Moderate 3 = Severe 4 = Extreme / cannot do

Understanding & communicating

1. Concentrating on doing something for ten minutes?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

2. Remembering to do important things?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

3. Analysing and finding solutions to problems in day-to-day life?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

4. Learning a new task, for example, learning how to get to a new place?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

5. Generally understanding what people say?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

6. Starting and maintaining a conversation?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Getting around

7. Standing for long periods, such as 30 minutes?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

8. Standing up from sitting down?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

9. Moving around inside your home?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

10. Getting out of your home?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

11. Walking a long distance, such as a kilometre?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Self-care

12. Washing your whole body?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

13. Getting dressed?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

14. Eating?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

15. Staying by yourself for a few days?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Getting along with people

16. Dealing with people you do not know?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

17. Maintaining a friendship?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

18. Getting along with people who are close to you?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

19. Making new friends?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

20. Sexual activities?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Life activities - household

21. Taking care of your household responsibilities?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

22. Doing your most important household tasks well?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

23. Getting all the household work done that you needed to do?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

24. Getting your household work done as quickly as needed?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Life activities - work / school

25. Your day-to-day work / school?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

26. Doing your most important work / school tasks well?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

27. Getting all the work done that you need to do?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

28. Getting your work done as quickly as needed?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

Participation in society

29. Joining in community activities (festivities, religious or other) in the same way as anyone else?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

30. Barriers or hindrances in the world around you?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

31. Living with dignity because of the attitudes and actions of others?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

32. Time spent on your health condition, or its consequences?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

33. Being emotionally affected by your health condition?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

34. Your health being a drain on the financial resources of you or your family?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

35. Your family having problems because of your health?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4

36. Doing things by yourself for relaxation or pleasure?

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4