

# Arkansas Central Primary Care

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Over the last 2 weeks, how often have you been bothered by any of the following problems?**  
*(Circle your answer)*

	Not at all	Several days	More than half the days	Nearly every day
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1. Little interest or pleasure in doing things	0	1	2	3
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2. Feeling down, depressed, or hopeless	0	1	2	3
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3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
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4. Feeling tired or having little energy	0	1	2	3
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5. Poor appetite or overeating	0	1	2	3
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6. Feeling bad about yourself – or that you are a failure or have let yourself or your family down	0	1	2	3
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7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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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
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9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3
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For Office Coding: 0 + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

=Total Score: \_\_\_\_\_

**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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## Fall Risk Assessment

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

*(Circle your answer)*

Yes (2)	No (0)	I have fallen in the past year.	People who have fallen once are likely to fall again.
Yes (2)	No (0)	I use or have been advised to use a cane or walker to get around safely.	People who have been advised to use a cane or walker are already more likely to fall.
Yes (1)	No (0)	Sometimes I feel unsteady when I am walking at home.	Unsteadiness or needing support while walking are signs of poor balance.
Yes (1)	No (0)	I steady myself by holding onto furniture when walking at home.	This is also a sign of poor balance.
Yes (1)	No (0)	I am worried about falling.	People who are worried about falling are more likely to fall.
Yes (1)	No (0)	I need to push my hands to stand up from a chair.	This is a sign of weak leg muscles, a major reason for falling.
Yes (1)	No (0)	I have some trouble stepping up onto a curb.	This is also a sign of weak leg muscles.
Yes (1)	No (0)	I often have to rush to the toilet.	Rushing to the bathroom, especially at night, increases your chance of falling.
Yes (1)	No (0)	I have lost some feeling in my feet.	Numbness in your feet can cause stumbles and lead to falls.
Yes (1)	No (0)	I take medicine that sometimes makes me feel light-headed or more tired than usual.	Side effects from medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I take medicine to help me sleep or improve my mood.	These medicines can sometimes increase your chance of falling.
Yes (1)	No (0)	I often feel sad or depressed.	Symptoms of depression, such as not feeling well or feeling slowed down, are linked to falls.
Total _____		Add up the number of points for each "yes" answer. If you scored 4 points or more, you may be at risk for falling. Discuss this brochure with your doctor.	

Your doctor may suggest:

- Having other medical tests
- Changing your medications
- Consulting a specialist
- Seeing a physical therapist
- Attending a fall prevention program