

## Michigan Depression Outreach and Collaborative Care (MDOCC)

### PHQ-9

Over the past two weeks how often have you been bothered by any the following problems?

	Not at all 0	Several days 1	More than half the days 2	Nearly every day 3
1. Little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Feeling down depressed or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Trouble falling or staying asleep, or sleeping too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Feeling tired or having little energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Poor appetite or overeating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Trouble concentrating on things, such as reading the newspaper or watching television?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Feeling bad about yourself-or that you are a failure and have let yourself or your family down?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Moving or speaking so slowly that other people have noticed, or the opposite, being so fidgety or restless that you have been moving around more than usual?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Thoughts that you would be better off dead, or of hurting yourself in some way?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. If you have checked *any* problem on this questionnaire so far, how difficult have these problems made it to do you work, take care of things at home or get along with other people?

Not Difficult       Somewhat difficult       Very difficult       Extremely difficult

## **MDOCC Additional Questions**

### **Adherence**

11. How many days did you take your anti-depressant medication(s) over the past 2 weeks?

Enter # days (0-14) \_\_\_\_\_

*N/A, if not prescribed meds*

12. Are you having any side effects from your anti-depressant medication?

0-not applicable or just starting treatment

1-no side effects

2-mild or trivial side effects

3-bothersome, but tolerable side effects

4-very bothersome side effects, thinking about stopping medication

5-severe enough side effects that I did stop taking the medication

### **Productivity**

13. Which of the following best describes your current employment status? (choose one)

1-Employed full or part-time

2-Unemployed

3-Fully disabled, unable to work

4-Homemaker, student, retired

*If you chose the first option (employed full or part-time) continue on to answer the following 2 questions (13a and 13b), otherwise continue on to #14:*

13.a. Because of how you felt, or any health problems, how many days of work did you miss in the last month?

Enter # days (0-30) \_\_\_\_\_

13.b. Now think about your productivity in the last 2 weeks when you were at work, what percentage were you able to perform your daily activities effectively, where 100 is your best and 0 is not being able to do anything?

Enter percentage \_\_\_\_\_%

### **Utilization**

14. How many visits to the Emergency Room and/or nights in the hospital have you had, for any reason, in the last 30 days? \_\_\_\_\_ Total # of visits and/or nights in hospital

### **Satisfaction with Treatment**

15. To what extent has your treatment for depression met your needs?

1-ALMOST ALL of my needs have been met

2-MOST of my needs have been met

3-SOME of my needs have been met

4-only a FEW of my needs have been met

5-NONE of my needs have been met

16. How satisfied are you with the assistance you have received from the Care Managers in the depression management program?

- 1-not applicable or were just enrolled in the depression management program
- 2-very satisfied
- 3-somewhat satisfied
- 4-neither satisfied nor dissatisfied
- 5-somewhat dissatisfied
- 6-very dissatisfied

**Self Management**

Having depression often means doing different tasks and activities to manage your symptoms and prevent relapse, such as, taking medications regularly, monitoring your moods, maintaining good sleep and exercise habits and decreasing stress as well as other activities that have been identified as important for you individually.

17. How confident are you that you can do the things necessary to manage your depression on a regular basis?

- 1-Not Confident
- 2-Somewhat confident
- 3-Very Confident

18. Do you have a specific self-management goal?

- 1-Yes
- 2-No

***If response to #19 is “yes” continue to #20. If “no” questionnaire is complete:***

19. Are you working on this goal?

- 1-Yes
- 2-No

## **SF-12 Health Survey**

This questionnaire asks for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Please answer every question by choosing one answer. If you are unsure about how to answer, please give the best answer you can.

12. In general, would you say your health is:

- 1-Excellent
- 2-Very Good
- 3-Good
- 4-Fair
- 5-Poor

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? And if so, how much?

13. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf

- 1-Yes, limited a lot
- 2-Yes, limited a little
- 3-No, not limited at all

14. Climbing several flights of stairs

- 1-Yes, limited a lot
- 2-Yes, limited a little
- 3-No, not limited at all

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

15. Accomplished less than you would like

- 1-Yes
- 2-No

16. Were limited in the kind of work or other activities

- 1-Yes
- 2-No

During the past 4 weeks have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

17. Accomplished less than you would like

- 1-Yes
- 2-No

18. Didn't do work or other activities as carefully as usual

- 1-Yes
- 2-No

19. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- 1-Not at all
- 2-A little bit
- 3-Moderately
- 4-Quite a bit
- 5-Extremely

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks:

	All of the <u>time</u>	Most of the <u>time</u>	A good bit of the <u>time</u>	Some of the <u>time</u>	A little of the <u>time</u>	None of the <u>time</u>
20. Have you felt calm and peaceful?	1	2	3	4	5	6
21. Did you have a lot of energy?	1	2	3	4	5	6
22. Have you felt downhearted and blue?	1	2	3	4	5	6

23. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- 1-All of the time
- 2-Most of the time
- 3-Some of the time
- 4-A little of the time
- 5 -None of the time