

SBIRT Secondary Screen	PHQ 9	Self Report Form
GPRA ID: _____ 0_0_ Today's Date: _____		
For Office Use Only (from Initial Screen):		
<i>Choose and circle the response that is true for you.</i>		For office use only:
Over the last 2 weeks, how often have you been bothered by any of the following problems?		
Trouble falling or staying asleep, or sleeping too much		
Not at all Several days More than half the days Nearly every day		
Feeling tired or having little energy		
Not at all Several days More than half the days Nearly every day		
Poor appetite or overeating		
Not at all Several days More than half the days Nearly every day		
Feeling bad about yourself — or that you are a failure or have let yourself or your family down		
Not at all Several days More than half the days Nearly every day		
Trouble concentrating on things, such as reading the newspaper or watching television		
Not at all Several days More than half the days Nearly every day		
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		
Not at all Several days More than half the days Nearly every day		
Thoughts that you would be better off dead or of hurting yourself in some way		
Not at all Several days More than half the days Nearly every day		
For Office Use Only		TOTAL :
Interpretation: 3-4 (Nothing); 5-9 (BI); 10-14 (BT); 15+ (RT)		
SBIRT CLASS		
_____ * Brief Intervention conducted		PT REFUSED
_____ ** Brief Treatment plan of care made & scheduled _____		PT REFUSED
_____ ***Referral to Treatment : referral to provider made & assessment scheduled		PT REFUSED
NEXT STEPS FOR DATA COLLECTION: If patient receives an intervention for PHQ, ONLY collect GPRA data if patient is ALSO receiving intervention for alcohol/drug use.		
BI * ---> [Complete BI Data Intake (GPRA B & A6)] BT** or RT*** [Complete BT & RT Data Intake (GPRA B-H)]		