

Advanced Care Gastroenterology Associates

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Depression Screening

*****Medicare Patients Only*****

Please answer the following questions to the best of your ability. Unless otherwise stated, please answer the questions in regards to more recent thoughts and behavior.

- ❖ Have you felt sad, low, down, depressed, or hopeless? Yes or No
 - ❖ Have you lost interest or pleasure in things you usually like to do? Yes or No
 - ❖ Have you been less social than usual? Yes or No
 - ❖ Have you been less interested in interacting with others? Yes or No
 - ❖ Have you been sleeping more or less than usual? Yes or No
 - ❖ Have you been eating more or less than usual? Yes or No
 - ❖ Have you felt tired or less energetic? Yes or No
 - ❖ Does your thinking seem slower than usual or confusing? Yes or No
 - ❖ Are you making more mistakes than usual? Yes or No
 - ❖ Have you felt like a failure or like you have let yourself or others down? Yes or No
 - ❖ Have you felt guilty about things that have happened in your life? Yes or No
 - ❖ Have you been talking slower than usual? Yes or No
 - ❖ Have you felt agitated or on edge? Yes or No
 - ❖ Do you feel like you have to keep talking or moving at all times? Yes or No
 - ❖ Have you thought that you or your family would be better off if you were dead? Yes or No
 - ❖ Have you **ever** thought of killing yourself? Yes or No
 - ❖ Have you **ever** tried to kill yourself? Yes or No
 - ❖ If yes, when, how many times, and how?
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- ❖ Are you thinking of killing yourself presently? Yes or No
 - ❖ If so, do you have a plan? Yes or No