Hunger Screening (All Ages)

Within the past 12 months, have you worried about whether your food would run out before you had money to buy more?

_____ Often True _____ Sometimes True _____ Never True _____ Don't Know/ Refuse

Within the past 12 months, the food we bought just didn't last and we didn't have money to get more?

_____ Often True _____ Sometimes True _____ Never True _____ Don't Know/ Refuse

Smoking/Tobacco Use Screening (12+ years old)

Do you currently smoke cigarettes or use other types of tobacco?

_____ Never _____ Occasional _____ Daily _____ Prior Use

Depression Screening (12+ years old)

Over the past 2 weeks, how often have you been bothered by the following problems?

Little interest or pleasure in doing things?

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

Feeling down, depressed or hopeless?

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

Score: _____*****If score is more than 0 please fill out back of page. *******

Fall Risk Screening (65+ years old)

Have you had 2 or more falls in the past year? Yes _____ No _____

Any fall with injury in the past year? Yes _____ No _____

Are you worried about falling or feel unsteady when standing or walking? Yes _____ No _____

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____ **DATE:** _____

Over the last *2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	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 figety 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	0	1	2	3
	add columns		+	+

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL: _____

10. 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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