

Instructions

Patient Health Questionnaire

1. **Please be sure to read and understand the instructions on the Patient Health Questionnaire form yourself before trying to explain the instructions to a patient.**
2. **If you have any questions about the instructions on the questionnaire, ask your supervisor. A copy of the instructions that are printed on the form are printed below for your convenience:**

Instructions: Please answer all of the questions listed on this form. If you are currently experiencing any of the symptoms listed, or have experienced any of these symptoms in the last six (6) months, please check (☑) the "YES" box next to the symptom, and provide any additional information in the space provided. For all other signs and symptoms listed, please check (☑) the "NO" box next to the symptom. If you need assistance completing this form, please ask. Please be sure to sign and date this form on the reverse side. When you have completed and signed this form, please give the form to your provider. Thank you very much.
3. **Hand the Patient Health Questionnaire to the patient on a clip board, along with a pen so that the patient can complete the form.**
4. **Explain to the patient that the form has two sides, and that the patient should check "YES" to all of the symptoms they are currently experiencing or have experienced in the last six (6) months, or check "NO" in answer to ALL of the other questions on the form.**
5. **For those questions that require the patient to fill out a blank or to circle the correct answer, please ask the patient to fill out the form as completely as possible.**
6. **If the patient has any questions or needs assistance filling out the form, offer to help the patient complete the form.**
7. **There are some questions on the form that some patients may find too personal or uncomfortable answering on paper. Do not force any patient to fill out any question that he/she feels uncomfortable answering. Tell the patient he/she can always discuss anything with his/her doctor.**
8. **The patient or the patient's authorized representative MUST sign and date the form in the space provided.**
9. **The patient's provider must review the form with the patient, and document in the "Provider Comment" section any comments regarding patient's "YES" responses. The patient's provider must document appropriate follow-up for all "YES" responses (i.e., "patient is seeing Dr. A for condition B," "patient told to see Dr. C for condition D," "request that patient see Dr. E to evaluate condition F").**