PHQ9P

CUESTIONARIO SOBRE LA SALUD DEL PACIENTE-9

72883

(US Spanish version of the PHQ)

Durante las <u>últimas 2 semanas</u>, ¿qué tan seguido ha tenido molestias por cualquiera de las siguientes dificultades?	**No del todo**	**Varios días**	**Más de la mitad de los días**	**Casi todos los días**
1. Poco interés o placer en hacer cosas	0	1	2	3
2. Sintiéndose decaído(a), deprimido(a), o sin esperanzas	0	1	2	3
3. Dificultad en caer o permanecer dormido(a), o dormir demasiado	0	1	2	3
4. Sintiéndose cansado o teniendo poca energía	0	1	2	3
5. Pobre de apetito o comer en exceso	0	1	2	3
6. Sintiéndose mal con usted mismo(a) – o que usted es un fracaso o que ha quedado mal con usted mismo(a) o con su familia	0	1	2	3
7. Dificultad en concentrarse en cosas, tales como leer el periódico o ver televisión	0	1	2	3
8. ¿Moviéndose o hablando tan lento, que otras personas podrían notarlo? O lo contrario – muy inquieto(a) o agitado(a) que usted ha estado moviéndose mucho más de lo normal	0	1	2	3
9. Pensamientos de que usted estaría mejor muerto(a) o de alguna manera lastimándose a usted mismo(a)	0	1	2	3

SCORING FOR USE BY STUDY PERSONNEL ONLY

0 + _____ + _____ + _____

=Total Score: _____

Si usted marcó <u>cualquiera</u> de los problemas, ¿qué tan <u>difícil</u> han afectado estos problemas en hacer su trabajo, encargarse de tareas del hogar, o llevarse bien con otras personas?

Para nada difícil	**Un poco difícil**	**Muy difícil**	**Extremadamente difícil**
☐	☐	☐	☐

 EPI0905.PHQ9P

Confirmo que la información en este formulario es correcta.	Iniciales del paciente:	Fecha:

_____ MRN _____ PROVEEDOR

Name: _____ DOB: _____

Bright Futures Previsit Questionnaire
18 to 21 Year Visits

Bright Futures.

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

What changes or challenges have there been at home since your last visit?

Do you have any special health care needs? ☐ No ☐ Yes, describe:

Do you live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes, describe:

How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Growing and Changing Body	☐ How your body is changing ☐ Teeth ☐ Appearance or body image ☐ How you feel about yourself ☐ Healthy eating ☐ Good ways to be active ☐ Protecting your ears from loud noise
School and Friends	☐ How you are doing in school ☐ Organizing your time to get things done ☐ Your job ☐ Your future plans ☐ Your friends ☐ Girlfriend or boyfriend ☐ Your relationship with your family
How You Are Feeling	☐ Dealing with stress ☐ Keeping under control ☐ Making decisions on your own ☐ Sexuality ☐ Depression ☐ Feeling anxious ☐ Feeling irritable ☐ Feeling sad
Healthy Behavior Choices	☐ Pregnancy ☐ Sexually transmitted infections (STIs) ☐ Smoking cigarettes ☐ Drinking alcohol ☐ Using drugs ☐ How to avoid risky situations ☐ How to support friends who don't use alcohol and drugs ☐ How to follow through with decisions you have made about sex and drugs
Violence and Injuries	☐ Avoiding driving distractions ☐ Drinking and driving ☐ Gun safety ☐ Dating violence or abuse

Questions

Vision	Do you complain that the blackboard has become difficult to see?	☐ Yes	☐ No	☐ Unsure
	Have you ever failed a school vision screening test?	☐ Yes	☐ No	☐ Unsure
	Do you hold books close to your eyes to read?	☐ Yes	☐ No	☐ Unsure
	Do you have trouble recognizing faces at a distance?	☐ Yes	☐ No	☐ Unsure
	Do you tend to squint?	☐ Yes	☐ No	☐ Unsure
Hearing	Do you have a problem hearing over the telephone?	☐ Yes	☐ No	☐ Unsure
	Do you have trouble following the conversation when 2 or more people are talking at the same time?	☐ Yes	☐ No	☐ Unsure
	Do you have trouble hearing with a noisy background?	☐ Yes	☐ No	☐ Unsure
	Do you find yourself asking people to repeat themselves?	☐ Yes	☐ No	☐ Unsure
	Do you misunderstand what others are saying and respond inappropriately?	☐ Yes	☐ No	☐ Unsure
Tuberculosis	Were you born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	☐ Yes	☐ No	☐ Unsure
	Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	☐ Yes	☐ No	☐ Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	☐ Yes	☐ No	☐ Unsure
	Have you ever been incarcerated (in jail)?	☐ Yes	☐ No	☐ Unsure
	Are you infected with HIV?	☐ Yes	☐ No	☐ Unsure
Dyslipidemia	Do you have parents or grandparents who have had a stroke or heart problem before age 55?	☐ Yes	☐ No	☐ Unsure
	Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	☐ Yes	☐ No	☐ Unsure
	Do you smoke cigarettes?	☐ Yes	☐ No	☐ Unsure
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	☐ No	☐ Yes	☐ Unsure
	Have you ever been diagnosed with iron deficiency anemia?	☐ Yes	☐ No	☐ Unsure

Alcohol or Drug Use	Have you ever had an alcoholic drink?	☐ Yes	☐ No	☐ Unsure
	Have you ever used marijuana or any other drug to get high?	☐ Yes	☐ No	☐ Unsure
STIs	Do you now use or have you ever used injectable drugs?	☐ Yes	☐ No	☐ Unsure

For Females Only

Anemia	Do you have excessive menstrual bleeding or other blood loss?	☐ Yes	☐ No	☐ Unsure
	Does your period last more than 5 days?	☐ Yes	☐ No	☐ Unsure
STIs	Have you ever had sex (including intercourse or oral sex)? **(If no, skip to Growing and Developing)**	☐ Yes	☐ No	☐ Unsure
	Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users?	☐ Yes	☐ No	☐ Unsure
	Have you ever been treated for a sexually transmitted infection?	☐ Yes	☐ No	☐ Unsure
	Are you having unprotected sex with multiple partners?	☐ Yes	☐ No	☐ Unsure
	Do you trade sex for money or drugs or have sex partners who do?	☐ Yes	☐ No	☐ Unsure
Cervical Dysplasia	Was your **first** time having sexual intercourse more than 3 years ago?	☐ Yes	☐ No	☐ Unsure
Pregnancy	Have you been sexually active without using birth control?	☐ Yes	☐ No	☐ Unsure
	Have you been sexually active and had a late or missed period within the last 2 months?	☐ Yes	☐ No	☐ Unsure

For Males Only

STIs	Have you ever had sex (including intercourse or oral sex)? **(If no, skip to Growing and Developing)**	☐ Yes	☐ No	☐ Unsure
	Have you ever been treated for a sexually transmitted infection?	☐ Yes	☐ No	☐ Unsure
	Are you having unprotected sex with multiple partners?	☐ Yes	☐ No	☐ Unsure
	Have you ever had sex with other men?	☐ Yes	☐ No	☐ Unsure
	Do you trade sex for money or drugs or have sex partners who do?	☐ Yes	☐ No	☐ Unsure
	Have any of your past or current sex partners been infected with HIV, bisexual, or injection drug users?	☐ Yes	☐ No	☐ Unsure

Growing and Developing

Check off all the items that you feel are true for you.

- ☐ I engage in behavior that supports a healthy lifestyle, such as eating healthy foods, being active, and keeping myself safe.
- ☐ I feel I have at least one responsible adult in my life who cares about me and who I can go to if I need help.
- ☐ I feel like I have at least one friend or a group of friends with whom I am comfortable.
- ☐ I help others on my own or by working with a group in school, a faith-based organization, or the community.
- ☐ I am able to bounce back from life's disappointments.
- ☐ I have a sense of hopefulness and self-confidence.
- ☐ I have become more independent and made more of my own decisions as I have become older.
- ☐ I feel that I am particularly good at doing a certain thing like math, soccer, theater, cooking, or hunting. Describe: