

IPPE Depression Screen Questionnaire

DEPRESSION SCREENING QUESTIONNAIRE

(If you already are being treated for depression, you do NOT need to complete this questionnaire)
Medicare requires a Screening questionnaire for depression as part of the "Welcome to Medicare" physical

1. During the past 2 weeks, how often have you been feeling down, depressed or hopeless?
 Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)
2. During the past 2 weeks, how often have you been bothered by a decrease in your interest or pleasure in normal activities?
 Not at all (0) Several days (1) More than half the days (2) Nearly every day (3)

Add up the numbers associated with your answer. If the total is less than 3, then STOP. You do not need to complete the remainder of this questionnaire. However, if your total score was 3 or more, then please provide an answer to the following questions:

1. During the past two weeks, have you experienced appetite change (unintentional weight gain or weight loss)?
NO YES or
2. During the past two weeks, have you experienced sleep disturbance (inability to sleep or excessive sleep)?
or NO YES
3. During the past two weeks, have you experienced altered self-esteem (loss of confidence, worthlessness, guilt)?
YES or NO

Your name: _____ Date of birth: _____

Today's date: _____

Thank you for completing this questionnaire. Please bring this questionnaire with you when you see your physician for your "Welcome to Medicare Physical".

Office use only:
Physician review of the completed questionnaire.

Physician's signature: _____ Date: _____