

Southgate Medical Group Annual Health Screening

Name: _____

DOB: _____

Today's date: _____

PHQ2/GAD2

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

	Not at all	Less than half the week	More than half the week	Nearly every day
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Feeling nervous, anxious, or on edge	0	1	2	3
Not being able to stop or control worrying	0	1	2	3

SOCIAL HEALTH

Please Circle

Do you find it difficult to interact with others or maintain an adequate social life?	Yes	No
Do you find it difficult to meet your daily needs of food, housing, transportation, or health care costs?	Yes	No

CAGE-AID

Please Circle

Have you ever felt that you need to cut down on your drinking or drug use?	Yes	No
Have people annoyed you by criticizing your drinking or drug use?	Yes	No
Have you ever felt bad or guilty about your drinking or drug use?	Yes	No
Have you ever had a drink or use drugs first thing in the morning to steady your nerves or get rid of the hangover?	Yes	No

SEXUAL ORIENTATION:

Please Circle

Straight/heterosexual		Gay/Lesbian/homosexual	
Bisexual	Queer	Pansexual	Asexual
Other:			

GENDER IDENTITY:

Please Circle

Male	Female	Not sure, Questioning	
Transgender female		Transgender male	
Neither exclusively male or female			
Other:			