KAISER PERMANENTE®

Mental Health Progress Monitoring Tool

Name: Member #: Clinician: Date:

	Never	Seldom	Fairly often	Very often	Always
This clinician and I are working on mutually agreed upon goals.	0	1	2	3	4
This clinician treats me with care and compassion.	0	1	2	3	4

What are your goals for treatment? _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?	**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 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 fidgety 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 in some way ***If answer is 2 or 3, please complete questions on back of this form.**	0	1	2	3
10. Feeling nervous, anxious or on edge	0	1	2	3
11. Not being able to stop or control worrying	0	1	2	3
12. Have your problems interfered with your work, family or social activities	0	1	2	3

Please answer these questions about the past year. (If you have changed your drinking or substance use in the past year, please report on your most recent use.)

13. How often do you have a drink containing alcohol?	Never	Monthly or less[1]		2 to 4 times a month[2]	2 to 3 times a week[3]	4 or more times a week[4]
14. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 drinks[0]	1 or 2 drinks[0]	3 or 4 drinks[1]	5 or 6 drinks[2]	7 to 9 drinks[3]	10 or more drinks[4]
15. How often do you have 6 or more drinks on one occasion?	Never[0]	Less than monthly[1]		Monthly[2]	Weekly[3]	Daily or almost daily[4]
16. How often have you used marijuana?	Never[0]	Less than monthly[1]		Monthly[2]	Weekly[3]	Daily or almost daily[4]
17. How often have you used an **illegal** drug or used a prescription medication for non-medical reasons?	Never[0]	Less than monthly[1]		Monthly[2]	Weekly[3]	Daily or almost daily[4]
18. Do you have access to guns?				**Yes**	**No**	
19. Group treatment has been shown to be highly effective in helping people with depression and/or anxiety. Are you interested?				**Yes**	**No**	

Please answer these questions about the past month	**Yes**	**No**
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts of killing yourself?		
3) Have you been thinking about how you might kill yourself?		
4) Have you had some intention of acting on those suicidal thoughts?		
5) Have you worked out some or all of the details of how to kill yourself?		
6) Do you intend to carry out this plan?		

Additional Numbers for use in an emergency:

Kaiser Permanente Consulting Nurse Service: 1-800-297-6877
Crisis Clinic Crisis Line: 1.866.427.4747
National Suicide Prevention Line: 1.800.273.8255

For suicide prevention, this is a good self-help website: http://www.metanoia.org/suicide/

If at any time between sessions you feel like you cannot keep yourself safe, please call 9-1-1 or go to the nearest emergency department or Kaiser Permanente Urgent Care.