

Patient Survey:

1. Gender

Mark only one oval

- ☐ Male
- ☐ Female
- ☐ Non-binary
- ☐ Prefer not to say

2. Age

Mark only one oval

- ☐ 18-24 years old
- ☐ 25-34 years old
- ☐ 35-44 years old
- ☐ 45-54 years old
- ☐ 55-64 years old
- ☐ 65-74 years old
- ☐ 75 years or older

3. Over the past year, do you remember your doctor asking you if you had little interest or pleasure in doing things?

Mark only one oval

- ☐ Yes
- ☐ No

4. Over the past year, do you remember your doctor asking you if you were feeling down, depressed, or hopeless?

Mark only one oval

- ☐ Yes
- ☐ No

5. Over the past year, do you remember your doctor asking you any of the questions shown on the image below?

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

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

(Use "✓" to indicate your answer)

	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 your 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	0	1	2	3

Mark only one oval

- ☐ Yes
- ☐ No

5a. If yes...

Do you think your doctor asking these questions has helped
improve your mental health?

Mark only one oval

- ☐ Yes
- ☐ No

5b. If no...

If your doctor had asked you these questions, do you think it
would have helped improve your mental health?

Mark only one oval

- ☐ Yes
- ☐ No

6. How do you prefer to answer questions about your mental health? Please rank the following with 1 being the best and 5 being the worst.

Check all that apply

- 1) MyChart
- 2) Phone
- 3) In-person with the help of a doctor
- 4) In-person with the help of a nurse
- 5) In-person and on your own with pen and paper

7. Please select any ways that you may not be comfortable answering questions about your mental health

Check all that apply

- ☐ MyChart
- ☐ Phone
- ☐ In-person with the help of a doctor
- ☐ In-person with the help of a nurse
- ☐ In-person and on your own with pen and paper
- ☐ I am comfortable with all of these
- ☐ Other: _____

7a. Please explain why you may not be comfortable answering questions about your mental health with any of the answers you selected.

8. How do you prefer to have appointments with your doctor?

Check all that apply

- ☐ Phone
- ☐ In-person
- ☐ Telemedicine
- ☐ Other: _____

9. When your doctor screens you for depression they may mention a score. For example, a score of 12 would mean moderate depression. Would you like for your doctor to explain this score to you and how it affects your treatment?

Mark only one oval

- ☐ Yes
- ☐ No

10. What are some reasons you may not answer questions about your mental health?

Check all that apply

- ☐ Lack of time
- ☐ Questions are difficult to understand
- ☐ No longer feel depressed
- ☐ Having side effect and unhappy with treatment
- ☐ Prefer to read survey in a different language than offered
- ☐ Lack of access to MyChart
- ☐ Lack of access to phone
- ☐ Lack of access to in-person appointment
- ☐ Deaf/hearing impairment
- ☐ Blind/partially sighted
- ☐ Other: _____

11. What are reasons you may choose to not schedule a follow-up appointment with your doctor?

Check all that apply

- ☐ Preferred doctor not available
- ☐ Date/time did not fit your schedule
- ☐ Not having symptoms/feeling better
- ☐ Having side effects and choose to stop medication
- ☐ Cost
- ☐ Other: _____

Provider Survey:

1. What is your current profession?

Mark only one oval

- ☐ Attending Physician
- ☐ Medical Resident
- ☐ Physician Assistant
- ☐ Nurse Practitioner
- ☐ Licensed Clinical Psychologist
- ☐ Psychiatrist
- ☐ Other: _____

2. What methods of PHQ-9 administration do you prefer for you patients?

Check all that apply

- ☐ MyChart
- ☐ Phone
- ☐ In-person and verbally with provider
- ☐ In-person and verbally with nurse
- ☐ Self-administered in-person with pen and paper
- ☐ Other: _____

2a. Please explain which method you feel is most useful in practice.

3. What methods of PHQ-9 administration do you think is inappropriate for patients?

Check all that apply

- ☐ MyChart
- ☐ Phone
- ☐ In-person and verbally with provider
- ☐ In-person and verbally with nurse
- ☐ Self-administered in-person with pen and paper
- ☐ Mail
- ☐ Email
- ☐ Other: _____

3a. Please explain why you feel this method may be inappropriate for patients.

4. Did you know best practice advisories flag patients who need a PHQ-9?

Mark only one oval

- ☐ Yes
- ☐ No

4a. Do you use best practice advisories when patients need a PHQ-9?

Mark only one oval

- ☐ Yes
- ☐ No

4b. How often do you use best practice advisories to alert you to screen patients with the PHQ-9?

Mark only one oval

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

5. Did you know care gaps flag patients who need a PHQ-9?

Mark only one oval

- ☐ Yes
- ☐ No

5a. Do you use care gaps to alert you when patients need a PHQ-9?

Mark only one oval

- ☐ Yes
- ☐ No

5b. How often do you use care gaps to alert you to screen patients with the PHQ-9?

Mark only one oval

- ☐ Always
- ☐ Often
- ☐ Sometimes
- ☐ Rarely
- ☐ Never

6. How often do you think patients should be screened with the PHQ-9 to meet quality benchmarks?

Mark only one oval

- ☐ Only when initiating treatment
- ☐ Every 6 months
- ☐ Yearly
- ☐ Only when symptoms appear/medication needs adjusted

7. What are some challenges you have with administering the PHQ-9 to patients?

Check all that apply

- ☐ Flag fatigue
- ☐ Patient willingness
- ☐ Data entry into electronic medical record
- ☐ Interpretation of PHQ-9 results
- ☐ Length of appointment times
- ☐ Short staffed
- ☐ Other: _____

8. How confident are you in administering and interpreting results of the PHQ-9?

Mark only one oval

- ☐ Completely confident
- ☐ Fairly confident
- ☐ Somewhat confident
- ☐ Slightly confident
- ☐ Not confident at all

9. Would you be willing to have a student pharmacist notify you when there is a missing diagnosis code for depression in a patient's medical record?

Mark only one oval

- ☐ Yes
- ☐ No

10. How do you prefer to see your patients for wellness visits?

Check all that apply

- ☐ In-person
- ☐ Phone
- ☐ Telemedicine
- ☐ N/A
- ☐ Other: _____

11. How do you prefer to see your patients for mental health visits?

Check all that apply

- ☐ In-person
- ☐ Phone
- ☐ Telemedicine
- ☐ Other: _____