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)

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>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</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead or of hurting yourself in some way</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

**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
   o Yes
   o 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 your 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**
   
   o Yes
   
   o No

   4a. Do you use best practice advisories when patients need a PHQ-9?
   
   **Mark only one oval**
   
   o Yes
   
   o No

   4b. How often do you use best practice advisories to alert you to screen patients with the PHQ-9?
   
   **Mark only one oval**
   
   o Always
   o Often
   o Sometimes
   o Rarely
   o Never

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

   **Mark only one oval**
   
   o Yes
   
   o No

   5a. Do you use care gaps to alert you when patients need a PHQ-9?
   
   **Mark only one oval**
   
   o Yes
   
   o No

   5b. How often do you use care gaps to alert you to screen patients with the PHQ-9?
   
   **Mark only one oval**
   
   o Always
   o Often
   o Sometimes
   o Rarely
   o 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: ____________