AMERIGROUP® Community Care

Patient Problem Questionnaire

This questionnaire is an important part of providing you with quality healthcare. Your answers will help in understanding problem that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

NAME: **AGE:** **SEX:** ❑ **FEMALE** ❑ **MALE** **TODAY'S DATE:**

1. During the last four weeks, how much have you been bothered by any of the following problems?	Not bothered	Bothered a little	Bothered a lot
a. Stomach pain	❑	❑	❑
b. Back pain	❑	❑	❑
c. Pain in your arms, legs, or joints (knees, hips, etc.)	❑	❑	❑
d. Menstrual cramps or other problems with your periods	❑	❑	❑
e. Pain or problems during sexual intercourse	❑	❑	❑
f. Headaches	❑	❑	❑
g. Chest pain	❑	❑	❑
h. Dizziness	❑	❑	❑
i. Fainting spells	❑	❑	❑
j. Feeling your heart pound or race	❑	❑	❑
k. Shortness of breath	❑	❑	❑
l. Constipation, loose bowels, or diarrhea	❑	❑	❑
m. Nausea, gas, or indigestion	❑	❑	❑

2. Over the last two weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the day	Nearly every day
a. Little interest or pleasure in doing things	❑	❑	❑	❑
b. Feeling down, depressed, or hopeless	❑	❑	❑	❑
c. Trouble falling or staying asleep, or sleeping too much	❑	❑	❑	❑
d. Feeling tired or having little energy	❑	❑	❑	❑
e. Poor appetite or overeating	❑	❑	❑	❑
f. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	❑	❑	❑	❑
g. Trouble concentrating on things, such as reading the newspaper or watching television	❑	❑	❑	❑
h. 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	❑	❑	❑	❑
i. Thoughts that you would be better off dead or of hurting yourself in some way	❑	❑	❑	❑

FOR OFFICE CODING: Som Dis if at least three of #1a-m are "a lot" and lack an adequate biol explanation.
Maj Dep Syn if answers to #2a or b and five or more of #2a-i are at least "More than half the days" (count #2i if present at all).
Other Dep Syn if #2a or b and two, three, or four of #2a-i are at least "More than half the days" (count #2i if present at all).

3. Questions about anxiety.	NO	YES
a. In the last four weeks, have you had an anxiety attack - suddenly feeling fear or panic?	❑	❑
If you checked "NO," go to question #5.		
b. Has this ever happened before?	❑	❑
c. Do some of these attacks come suddenly out of the blue — that is, in situations where you don't expect to be nervous or uncomfortable?	❑	❑
d. Do these attacks bother you a lot or are you worried about having another attack?	❑	❑

4. Think about your last bad anxiety attack.	NO	YES
a. Were you short of breath?	❑	❑
b. Did your heart race, pound, or skip?	❑	❑
c. Did you have chest pain or pressure?	❑	❑
d. Did you sweat?	❑	❑
e. Did you feel as if you were choking?	❑	❑
f. Did you have hot flashes or chills?	❑	❑
g. Did you have nausea or an upset stomach, or the feeling that you were going to have diarrhea?	❑	❑
h. Did you feel dizzy, unsteady, or faint?	❑	❑
i. Did you have tingling or numbness in parts of your body?	❑	❑
j. Did you tremble or shake?	❑	❑
k. Were you afraid you were dying?	❑	❑

5. Over the last four weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days
a. Feeling nervous, anxious, on edge, or worrying a lot about different things	❑	❑	❑
If you checked "Not at all", go to question #6.			
b. Feeling restless so that it is hard to sit still	❑	❑	❑
c. Getting tired very easily			
d. Muscle tension, aches, or soreness	❑	❑	❑
e. Trouble falling asleep or staying asleep	❑	❑	❑
f. Trouble concentrating on things, such as reading a book or watching TV	❑	❑	❑
g. Becoming easily annoyed or irritable	❑	❑	❑

FOR OFFICE CODING: Pan Syn if all of #3a-d are 'YES' and four or more of #4a-k are 'YES'.
Other Anx Syn if #5a and answers to three or more of #5b-g are "More than half the days".

	NO	YES
6. Questions about eating.		
a. Do you often feel that you can't control what or how much you eat?	❑	❑
b. Do you often eat, within any two-hour period, what most people would regard as an unusually large amount of food?	❑	❑

If you checked 'NO' to either #a or #b, go to question #9.

c. Has this been as often, on average, as twice a week for the last three months?	❑	❑

	NO	YES
7. In the last three months have you often done any of the following in order to avoid gaining weight?		
a. Made yourself vomit?	❑	❑
b. Took more than twice the recommended dose of laxatives?	❑	❑
c. Fasted - not eaten anything at all for at least 24 hours?	❑	❑
d. Exercised for more than an hour specifically to avoid gaining weight after binge eating?	❑	❑

	NO	YES
8. If you checked 'YES' to any of these ways of avoiding gaining weight, were any as often, on average, as twice a week?	❑	❑

9. Do you ever drink alcohol (including beer or wine)?	❑	❑

If you checked "NO," go to question #12.

10. Please answer all pertinent questions.

a. On average, how many days per week do you drink or use drugs?

b. On a typical day when you drink or use drugs, how much do you use?

c. What is the maximum number of drinks/drugs you had on any given occasion during the last month?

d. What is the maximum number of drinks/drugs you had on any given occasion during the last year?

	NO	YES
11. Have any of the following happened to you more than once in the last six months?	❑	❑
a. You drank alcohol even though a doctor suggested that you stop drinking because of a problem with your health	❑	❑
b. You drank alcohol, were high from alcohol, or hung over while you were working, going to school, or taking care of children or other responsibilities	❑	❑
c. You missed or were late for work, school, or other activities because you were drinking or hung over	❑	❑
d. You had a problem getting along with other people while you were drinking	❑	❑
e. You drove a car after having several drinks or after drinking too much	❑	❑

FOR OFFICE CODING: Bul Ner if #6a,b, and-c and #8 are all 'YES'; Bin Eat Dis the same but #8 either 'NO' or left blank.
Alc Abu if any of #11a-e is 'YES'.

12. **If you checked off any problems on this questionnaire, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

❑ Not difficult at all ❑ Somewhat difficult ❑ Very difficult ❑ Extremely difficult

13. **Do you ever use drugs for reasons that are not medical or misuse drugs that were prescribed for a medical reason?**	NO ❑	YES ❑

If you checked "NO," go to question # 15.

14. **Please check the appropriate box.**	NO	YES
a. Have you used street drugs more than five times in your life?	❑	❑
b. Have you ever felt you ought to cut down on your drinking or drug use?	❑	❑
c. Have people annoyed you by criticizing your drinking or drug use?	❑	❑
d. Have you ever felt bad or guilty about your drinking or drug use?	❑	❑
e. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	❑	❑

15. **In the last four weeks, how much have you been bothered by any of the following problems?**	Not bothered	Bothered a little	Bothered a lot
a. Worrying about your health	❑	❑	❑
b. Your weight or how you look	❑	❑	❑
c. Little or no sexual desire or pleasure during sex	❑	❑	❑
d. Difficulties with husband/wife, partner/lover or boyfriend/girlfriend	❑	❑	❑
e. The stress of taking care of children, parents, or other family members	❑	❑	❑
f. Stress at work outside of the home or at school	❑	❑	❑
g. Financial problems or worries	❑	❑	❑
h. Having no one to turn to when you have a problem	❑	❑	❑
i. Something bad that happened recently	❑	❑	❑
j. Thinking or dreaming about something terrible that happened to you in the past - like your house being destroyed, a severe accident, being hit or assaulted, or being forced to commit a sexual act	❑	❑	❑

16. **In the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone, or has anyone forced you to have an unwanted sexual act?**	NO ❑	YES ❑

17. **What is the most stressful thing in your life right now?**

18. **Are you taking any medicine for anxiety, depression or stress?**	NO ❑	YES ❑

FOR OFFICE CODING: Sub Abu if any of #14a-e is 'YES'.

19. FOR WOMEN ONLY: **Questions about menstruation, pregnancy and childbirth.**

a. Which best describes your menstrual periods?

❑ Periods are unchanged ❑ No periods because pregnant or recently gave birth
❑ Periods have become irregular or changed in frequency, duration or amount ❑ No periods for at least a year
❑ Having periods because taking hormone replacement (estrogen) therapy or oral contraceptive

	NO *(or does not apply)*	YES
b. During the week before your period starts, do you have a serious problem with your mood - like depression, anxiety, irritability, anger or mood swings?	❑	❑
c. If YES: Do these problems go away by the end of your period?	❑	❑
d. Have you given birth within the last six months?	❑	❑
e. Have you had a miscarriage within the last six months?	❑	❑
f. Are you having difficulty getting pregnant?	❑	❑

CAGE

C: Have you ever felt you ought to Cut down on your drinking?
A: Have people Annoyed you by criticizing your drinking?
G: Have you ever felt bad or Guilty about your drinking?
E: Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? (Eye opener)

A "yes" answer to any of these questions is likely to indicate an alcohol problem and should spur further investigation.

CAGE-AID

C: Have you ever felt you ought to Cut down on your drug use?
A: Have people Annoyed you by criticizing your drug use?
G: Have you ever felt bad or Guilty about your drug use?
E: Have you ever used drugs first thing in the morning to steady your nerves or get rid of a hangover? (Eye opener)

A "yes" answer to any of these questions is likely to indicate drug abuse and should spur further investigation.