



Provider Post-Visit Questionnaire

Patient Study Number
Label

Date: - -

1. How well do you know this patient?
- New Patient 1
Slightly 2
Somewhat 3
Moderately well 4
Very well 5
2. Estimate how long you have known this patient.
- <1 year 1
1-3 years 2
≥4 years 3
3. How would you rate this patient's...?
- | | Poor | Fair | Good | Very Good | Excellent |
|--------------------------|------|------|------|-----------|-----------|
| a. Physical health..... | 1 | 2 | 3 | 4 | 5 |
| b. Emotional health..... | 1 | 2 | 3 | 4 | 5 |
| c. Overall health..... | 1 | 2 | 3 | 4 | 5 |
4. To what extent do you think recent stressful events in this patient's life (other than personal health conditions) are contributing to his/her current complaints?
- Not at all 1
A little 2
Somewhat 3
Significantly 4
A great deal 5
5. How complicated is this patient's medical management?
- Not at all complicated 1
Not very complicated 2
Somewhat complicated 3
Very complicated 4
Extremely complicated 5
6. What services have you provided for this patient on this visit or in the last six months?
- | | Yes, this visit | Yes, not this visit
but in the past 6
months | No | N/A |
|--|-----------------|--|----|-----|
| a. Assessed patient for depression, psychiatric or substance abuse problem | 1 | 2 | 3 | 9 |
| b. Performed a thorough assessment of suicidality..... | 1 | 2 | 3 | 9 |
| c. Provided counseling or supportive listening regarding psychological issues..... | 1 | 2 | 3 | 9 |
| d. Educated patient about the etiology diagnosis and prognosis of depression | 1 | 2 | 3 | 9 |
| e. Discussed or made referral to a mental health specialist..... | 1 | 2 | 3 | 9 |
| f. Referred to a church, community, or other support group..... | 1 | 2 | 3 | 9 |
| g. Prescribed psychotropic medication..... | 1 | 2 | 3 | 9 |
1. Medication name: _____ Dosage: _____
(IF EASILY AVAILABLE)
2. Medication name: _____ Dosage: _____
(IF EASILY AVAILABLE)

7.	Not every patient is regarded as the same. Compared to the average patient...			Neither agree nor disagree		
		Strongly disagree	Disagree		Agree	Strongly agree
a.	I really like this patient. (Liking means warmth and enthusiasm for seeing)	1	2	3	4	5
b.	I really respect this patient.....	1	2	3	4	5
8.	Please state your level of agreement with the following statements.			Neither agree nor disagree		
		Strongly disagree	Disagree		Agree	Strongly agree
a.	I got all the details I needed regarding the patient's history	1	2	3	4	5
b.	This patient trusts me a great deal	1	2	3	4	5
c.	This patient does not demand a lot of personal attention	1	2	3	4	5
d.	I think my time was well spent during this visit	1	2	3	4	5
e.	I am effective in influencing this patient's behavior ..	1	2	3	4	5
f.	This patient likes me	1	2	3	4	5
9.	Please rate the presence and/or severity of depression.	No depressive symptoms(SKIP TO 12)..... 1 Some symptoms but no illness(SKIP TO 12)..... 2 Mild case..... 3 Moderate case 4 Severe case 5				
10.	Please rate your agreement with the following statements.			Neither agree nor disagree		
		Strongly disagree	Disagree		Agree	Strongly agree
a.	The patient will accept a depression diagnosis	1	2	3	4	5
b.	The patient does or will cooperate with a treatment plan for depression	1	2	3	4	5
11.	Do you believe this patient wants to fully participate in their care for depression?	Strongly disagree 1 Disagree..... 2 Neither agree nor disagree..... 3 Agree 4 Strongly agree..... 5				
12.	Please describe your schedule today.	Slow 1 Average..... 2 Busier than usual..... 3 Much busier than usual 4				

Thank you for your time.