

Wellness Check-up Questionnaire

Today's Date: _____

Name: _____ DOB: _____ Gender: _____

Phone Number: _____ Ethnicity: _____

Address: _____

Have you served in the military?

- Yes, Type of military service: _____
- No
- Unknown

Are you Homebound or Socially Isolated?

- Yes
- No

Are you struggling with some life challenges?

- Yes
- No

PHQ 2

Over the last two weeks, how often were you bothered by any of the problems listed below?

	Not at all	Several days	More than half the days	Nearly every day
❖ Little interest or pleasure in doing things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ Feeling down, sad, or hopeless.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please stop here	0	1	2	3
Scores				
Total Score				

**Please return this form to UPAC-
Positive Solutions Program staffs
OR**

**Mail it to 3539 College Ave.,-UPAC
San Diego, CA 92115**



Office Hours: M-F 8:30AM – 5:00PM
Tel: (619) 481-2652 / (619) 481-2651
3539 College Ave., -UPAC
San Diego, CA 92115

Case Number: _____ (Office Use) Referral Source: _____

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