

Zero Zero

MRN: 000000

DOB: 11/30/-0001

	3/27/2018	1/8/2018	11/14/2017
Depression (PHQ-9)	15 Moderate depression (10-19)	Not answered	Not answered
Suicide Ideation (PHQ-9) In Last 2 Weeks	ⓘ 3 Nearly every day	Not answered	Not answered
Nicotine Use	Tobacco cigarettes: Currently E-cigarettes: Yes	Tobacco cigarettes: Not answered E-cigarettes: Not Answered	Tobacco cigarettes: Not answered E-cigarettes: Not Answered
Alcohol Score	36 At-risk (AUDIT)	Not answered	Not answered
MINI Score	7 Dependent Drinker	N/A	N/A
Substance Use (Past 3 months)	Cocaine/crack, Prescription opiates, Marijuana, Sedatives or sleeping pills	Not answered	Not answered
Antiretroviral Adherence (Past 4 weeks) Last missed	ⓘ Very poor 1-3 months ago	Not answered	Not answered
Concern for IPV (Past year)	ⓘ Physical violence: Yes Sexual violence: Yes	Not answered	Not answered
Felt trapped/controlled	ⓘ Yes	Not answered	Not answered
Fearful of harm	ⓘ Yes	Not answered	Not answered
Sexual Risk Behavior (Past 3 months)			
Number of partners	4-5 All male <ul style="list-style-type: none"><li>HIV negative partners: None prescribed PrEP</li><li>HIV positive partners: All prescribed ARVs</li><li>Partner(s) w/ unknown HIV status</li></ul>	Not answered	Not answered
Unprotected anal sex	Yes	Not answered	Not answered
Unprotected oral sex	Yes	Not answered	Not answered
Unprotected vaginal sex	No	Not answered	Not answered
Concerned for STI exposure	ⓘ Yes	Not answered	Not answered

Current Symptoms

From 3/27/2018 Assessment

Bothers A Lot	Bothers Some
Fevers, chills, sweats Dizzy	Fatigue Nausea/vomiting Headache

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CNICS PHQ-9 Depression (From 3/27/2018 Assessment)

PHQ-9 Overall depression score for last 2 weeks: 15 — Moderate depression (10-19)

Question	Answer
Little interest or pleasure in doing things	Nearly every day
Feeling down, depressed or hopeless	Nearly every day
Trouble falling or staying asleep, or sleeping too much	Several days
Feeling tired or having little energy	Not at all
Poor appetite or overeating	Several days
Feeling bad about yourself - or that you are a failure or have let yourself or your family down	Several days
Trouble concentrating on things, such as reading the newspaper or watching television	More than half the days
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	Several days
Thought that you would be better off dead or hurting yourself in some way	Nearly every day

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