

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Date: _____

Patient Name: _____ DOB: _____

Refused/Denied

0 Not at all 1 Several days 2 More than half of the days 3 Nearly every day

Over the last 2 weeks, how often have you been bothered by any of the following problems?

- 1) Little interest or pleasure in doing things.
- 2) Feeling down, depressed or hopeless.
- 3) Trouble falling/staying asleep, sleeping too much.
- 4) Feeling tired or having little energy.
- 5) Poor appetite or overeating.
- 6) Feeling bad about yourself or that you are a failure or have let yourself or your family down.
- 7) Trouble concentrating on things, such as reading the newspaper or watching TV.
- 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.
- 9) Thoughts that you would be better off dead or of hurting yourself in some way.

If you checked off any problem on this questionnaire so far, 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

Total: _____

Total Score: _____ Nurse/MA's Initial: _____

Score			
Minimal depression	0-4	Moderately severe depression	15-19
Mild depression	5-9	Severe depression	20-27
Moderate depression	10-14		

Currently on antidepressants: no yes refused _____

Antidepressants prescribed: no yes refused _____

Currently attends psychotherapy no yes refused _____

Referral Needed: no yes refused _____

PHQ9 Follow-up needed: no yes mths_____ Provider's Initial: _____