Depression PHQ9

When 1a + 1b ≥ 3, if 1c is ≥ 1

 PATIENT ASSESSMENT

**Patient Name: DOB:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. *Over the last 2 weeks, how often have you been bothered by any of the following problems?* | Not at all | Several days | More than half the days | Nearly every day |
| a. Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| b. Feeling down, depressed or hopeless | 0 | 1 | 2 | 3 |
| c. Trouble falling or staying asleep, or sleeping too  much | 0 | 1 | 2 | 3 |
| d. Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| e. Poor appetite or overeating | 0 | 1 | 2 | 3 |
| f. Feeling bad about yourself – or that you are a  failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| g. Trouble concentrating on things, such as reading  the newspaper or watching television | 0 | 1 | 2 | 3 |
| 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 | 0 | 1 | 2 | 3 |
| i. Thoughts that you would be better off dead or of  hurting yourself in some way | 0 | 1 | 2 | 3 |
| j. If you checked off any problems, 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 |
| *FOR OFFICE USE ONLY* | add columns | + | + |  |
| *No Risk: 1-4; Low Risk: 5-9; Moderate Risk: 10-14; High Risk: 15-27**Refer to Behavioral Health for totals of 10 or more* |  TOTAL |  |  |  |