



IMPORTANT: This screening is not designed to provide a comprehensive assessment or diagnosis. Only a qualified physician or mental health provider can provide a complete assessment and diagnosis of depression, can differentiate symptoms of depression from other medical conditions, or can prescribe appropriate treatment for depression or other medical conditions.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Circle to indicate your answer)

	Not at all	Several days	More than half of the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself – or that you are a failure or you have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading a newspaper or watching television	0	1	2	3
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 more than usual	0	1	2	3
9. Thoughts that you’d be better off dead, or hurting yourself in some way	0	1	2	3

Add each column	_____ + _____ + _____
Total for all three columns	_____

10. If you selected <i>any</i> problems, how <i>difficult</i> have these problems made it for you to do your work, take care of things at home, or get along with others?	Not difficult at all	_____
	Somewhat difficult	_____
	Very difficult	_____
	Extremely difficult	_____



UNDERSTANDING YOUR RESULTS

For any score, if you are concerned or curious about your results or want more information, we encourage you to contact a medical professional

IF YOUR SCREENING RESULT IS BETWEEN 0 AND 4

Your screening results indicate that you have few or no symptoms of depression.

IF YOUR SCREENING RESULT IS 5-9

Your screening results indicate that you have minimal symptoms of depression. You should monitor any changes that may result in higher scores in the future and consider speaking with a medical professional if there are changes.

IF YOUR SCREENING RESULT IS BETWEEN 10 AND 14 OR IF YOU SELECTED 4 OR MORE FROM THE SHADED AREA:

Your screening results are consistent with some symptoms of depression. **You may want to speak with a health care provider about these results, and whether you would benefit from specific treatment for depression.** Although many individuals cope well with symptoms like yours, effective treatments for depression are available to help reduce your symptoms and improve your quality of life. A mental health professional or your physician can advise you about whether you can benefit from treatment and describe different treatment alternatives.

IF YOUR SCREENING RESULT IS 15 OR MORE, IF YOU SELECTED 4 OR MORE FROM THE SHADED AREA, OR IF YOU ANSWERED “VERY DIFFICULT” OR EXTREMELY DIFFICULT” TO QUESTION 10:

Your screening results are consistent with several symptoms of depression. **You are advised to speak with a health care provider about these results, and whether you would benefit from specific treatment for depression.**

Although many individuals cope well with symptoms like yours, effective treatments for depression are available to help reduce your symptoms and improve your quality of life. A mental health professional or your physician can advise you about whether you can benefit from treatment and describe different treatment alternatives.

READ THIS IF YOU ANSWERED “SEVERALDAYS,” “MORE THAN HALF THE DAYS” OR “NEARLY EVERY DAY” TO QUESTION 9:

Your screening results indicate that you may be at risk for harming yourself or someone else. There are people that can and want to help.

Please call 911 or go immediately to the nearest hospital emergency room. You may also call the Suicide Hotline at 1-800-273-TALK (1-800-273-8255)