

**Patient Health Questionnaire (PHQ-2 & PHQ-9)**

Patient label placed here (if applicable) <u>or</u> if labels are not used, minimum information below is required.	
Name ( <i>last, first</i> )	
Birthdate ( <i>yyyy-Mon-dd</i> )	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
PHN / ULI	

PHQ 2	
1. During the <b>past two weeks</b> , have you often been bothered by little interest or pleasure in doing things?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. During the <b>past two weeks</b> , have you often been bothered by feeling down, depressed or hopeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If the answer to both questions is No, the screen is negative for depression ( <i>re-screen if indicated</i> ). If yes was selected for one or both questions, please consult appropriate discipline to complete the PHQ-9.	
Date ( <i>yyyy-Mon-dd</i> )	Signature

PHQ 9				
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use ✓ to indicate your answer)	Not at all (score = 0)	Several days (score = 1)	More than half the days (score = 2)	Nearly every day (score = 3)
1. Little interest or pleasure in doing things				
2. Feeling down, depressed, or hopeless				
3. Trouble falling asleep, or staying asleep, or 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 television				
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				
9. Thoughts that you would be better off dead or of hurting yourself in some way				
<b>TOTAL</b>	0 +	+	+	+
<b>TOTAL SCORE</b>				

If you checked off any problem, 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

PHQ-9 Score	Meaning / Action
Less than 5	Patient not likely depressed, re-screen if affect changes. Communicate results to the team and to any referral sites.
Between 5-9	Watchful waiting - patient to be closely monitored and re-screened if needed. Communicate results to the team and any referral sites.
Greater than 9	Patient has screened positive and requires further assessment by a certified professional for diagnosis and treatment. Notify attending, consider consulting psychiatry or psychology. Communicate results to the team and any referral sites.

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[http://phqscreeners.com/pdfs/02\\_PHQ-9/English.pdf](http://phqscreeners.com/pdfs/02_PHQ-9/English.pdf)

Date ( <i>yyyy-Mon-dd</i> )	Signature
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