



Patient Health Questionnaire-9 (PHQ9)

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
Little interest or pleasure in doing things	0	1	2	3
Feeling down, depressed, or hopeless	0	1	2	3
Trouble falling or staying asleep, or sleeping too much	0	1	2	3
Feeling tired or having little energy	0	1	2	3
Poor appetite or overeating	0	1	2	3
Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
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
Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

SCORE:

_____ + _____ + _____ + _____ = _____

10 or greater may indicate mild depression
15 or greater may indicate severe depression

Action taken:

- MH Walk In handout give for patient to speak with MH provider
- On-call MH provider contacted (by calling On-Call cell phone)
- Pt not interested in speaking with anyone
- No action needed