

Client ID: _____

Client Name: _____

Date: _____

Worker Name: _____

Patient Health Questionnaire (PHQ-9)

Screening Date: _____

Screen Type: ☐ Initial ☐ Follow-up ☐ Closing

Scoring Instructions: For each question where the response is "Not at all" receives 0 points, where the response is "Several days" receives 1 point, where the response is "More than half the days" is worth 2 points, and where the response is "Nearly every day" receives 3 points.

| Over the last 2 weeks, how often have you been bothered by any of the following problems? | | Not at all Point = 0 | Several days Point = 1 | More than half the days Point = 2 | Nearly every day Point = 3 |
|---|--|-------------------------|---------------------------|--------------------------------------|-------------------------------|
| 1. | Little interest or pleasure in doing things | | | | |
| 2. | Feeling down, depressed, or hopeless | | | | |
| 3. | Trouble falling 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 | | | | |
| 9. | Thoughts that you would be better off dead, or of hurting yourself | | | | |

Total: _____ = _____ + _____ + _____ + _____

10. 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

| Total Score | Depression Severity |
|-------------|------------------------------|
| 1-4 | Minimal Depression |
| 5-9 | Mild depression |
| 10-14 | Moderate depression |
| 15-19 | Moderately severe depression |
| 20-27 | Severe depression |

Comments: