

Initial

Name

Follow Up

Date

Discharge



PHQ-9

Over the <i><u>past two weeks</u></i> how often have you been bothered by any of the following problems?	Not At All (0)	Several Days (1)	More Than Half The Days (2)	Nearly Everyday (3)
Little interest or pleasure in doing things				
Feeling down, depressed, or hopeless				
Trouble falling or staying asleep, or sleeping too much				
Feeling tired or having little energy				
Poor appetite or overeating				
Feeling bad about yourself; or feeling that you are a failure or have let yourself or your family down				
Trouble concentrating on things, such as reading the newspaper or watching TV				
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.				
Thoughts that you would be better off dead or of hurting yourself				

Add Up Columns 0 _____

If you checked off any problems above, 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?

Total Score: _____

Not Difficult At All Very Difficult Somewhat Difficult Extremely Difficult