

ACCESS TO CARE - ADULT

PATIENT NAME: _____

DATE: _____

PHQ-9

Over the <u>last 2 weeks</u> , 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
1.	Little interest or pleasure in doing things	0	1	2	3
2.	Feeling down, depressed, 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.	Having a poor appetite or overeating	0	1	2	3
6.	Feeling bad about yourself – or that you are a failure or have let yourself or your family down in some way	0	1	2	3
7.	Trouble concentrating on activities, such as reading, playing games, computer activities, 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 a lot more than usual	0	1	2	3
9.	Thoughts that you would be better off dead or wanting to hurt yourself in some way	0	1	2	3

PHQ9 SCORE:

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

I made plans to end my life in the last 2 weeks? Yes No