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| **Over the last 2 weeks, how often have you been bothered by any of the following problems?** | | | |
|  | | | |
| 1. Little interest or pleasure in doing things   &cltasm12757&  &cltasmcmt12757& | | | |
|  | | | |
| 1. Feeling down, depressed, or hopeless   &cltasm12758&  &cltasmcmt12758& | | | |
|  | | | |
| 1. Trouble falling or staying asleep, or sleeping too much   &cltasm12759&  &cltasmcmt12759& | | | |
|  | | | |
| 1. Feeling tired or having little energy   &cltasm12760&  &cltasmcmt12760& | | | |
|  | | | |
| 1. Poor appetite or overeating   &cltasm12761&  &cltasmcmt12761& | | | |
|  | | | |
| 1. Feeling bad about yourself-or that you are a failure or have let yourself or your family down   &cltasm12762&  &cltasmcmt12762& | | | |
|  | | | |
| 1. Trouble concentrating on things, such as reading the newspaper or watching television   &cltasm12763&  &cltasmcmt12763& | | | |
|  | | | |
| 1. 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   &cltasm12764&  &cltasmcmt12764& | | | |
|  | | | |
| 1. Thoughts that you would be better off dead or of hurting yourself in some way   &cltasm12765&  &cltasmcmt12765& | | | |
|  | | | |
| **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?**  &cltasm12766&  &cltasmcmt12766& | | | |
| **Score:** &MRPHQ9& | | | |
|  | | | |
| **Interpreting PHQ-9 Scores** | | | |
| **Diagnosis** | **Total Score** | **For Score** | **Action** |
| Minimal Depression | 0-4 | ≤ 4 | The score suggests the patient may not need depression  treatment |
| Mild Depression | 5-9 |  |  |
| Moderate Depression | 10-14 | 5-14 | Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment |
| Moderately severe depression | 15-19 |  |  |
| Severe Depression | 20-27 | > 14 | Warrants treatment for depression, using antidepressant,  psychotherapy and/or a combination of treatment. |

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| **Provider’s Signature** |
| **Staff Signature/Credentials/Date**  &STFCONSENTX& |