

**McLaren Print System Order**

Order No: 48190 Reprint Previous Order No: 40560  
 Order Date: 2019-08-29  
 User: Kelly Lewis  
 Phone: 810-496-0916

Ship Location: Midland Occupational and Convenient Care  
 801 Joe Mann Blvd.  
 Midland, MI 48642

**Forms**

Quantity: 500  
 Paragon Dept No: 56062  
 Dept Name: Midland Occupational and Convenient Care  
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-3381  
 Item Description: Patient Health Questionnaire (PHQ-&#8208;9)  
 Revision Date: 9/2018  
 Print: 2 sided black and white  
 Paper: 20# White Text  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Misc Info: ds; black; bond



Patient Health Questionnaire (PHQ-9)

Patient Name (First, Last) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Review the questions. Circle each answer and calculate the score.

| Over the past 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 |
|---|------------|--------------|-------------------------|------------------|
| 1. Little interest or pleasure in doing things  | 0          | 1            | 2                       | 3                |
| 2. Feeling down, depressed or hopeless  | 0          | 1            | 2                       | 3                |
| 3. Trouble falling asleep, staying asleep or sleeping too much  | 0          | 1            | 2                       | 3                |
| 4. Feeling tired or having little energy  | 0          | 1            | 2                       | 3                |
| 5. 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  | 0          | 1            | 2                       | 3                |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television  | 0          | 1            | 2                       | 3                |
| 8. Moving or speaking so slowly that other people would 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 of hurting yourself in some way  | 0          | 1            | 2                       | 3                |

Add the Score for Each Column  
 Add Column Totals Together \_\_\_\_\_ = \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_

10. If you circled any problems, how difficult have those 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

The PHQ questionnaire was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke and colleagues, with an educational grant from Pfizer, Inc.

Reviewed by:  
 Provider's Signature (Required) \_\_\_\_\_ Date & Time (Required) \_\_\_\_\_