

McLaren Print System Order

Order No: 74139
 Order Date: 2022-12-13
 User: Michelle Poindexter
 Phone: 810-714-9660

Ship Location: McLaren Fenton Family Medicine Michelle
 17200 Silver Pkwy
 Fenton, MI 48430

Brochures
 Quantity: 500
 Paragon Dept No: 50022
 Dept Name: McLaren Fenton Family Medicine
 Company Number: 810

Order Total Price: 0.00

Item Number: MO-411
 Item Description: PHQ - Questions
 Revision Date: 1/2020
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill:
 Poster:
 Misc Info: ss; black; 20#

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: _____ Date of Birth: _____ Today's Date: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "0" to indicate your answer)

	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 or 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 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 of hurting yourself	0	1	2	3

add columns + =

Spec Info: (healthcare professional. For interpretation of TCDL, TOTAL, please refer to accompanying scoring card)

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	_____

Patient Signature: _____ Date: _____ Time: _____

Physician Signature: _____ Date: _____ Time: _____