

## McLaren Print System Order

Order No: 85783  
 Order Date: 2024-05-29  
 User: Jennifer Keeton  
 Phone: 810-385-6370

Ship Location:

Form  
 Quantity:  
 Paragon Dept No: 58014  
 Dept Name:  
 Company Number:

Order Total Price:

Item Number:  
 Item Description:  
 Revision Date:  
 Print:  
 Paper:  
 Size:  
 Fold:  
 Finish:  
 Drill:  
 Poster:  
 Misc Info:



Patient Health Questionnaire (PHQ-9)

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

Before 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 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 in some way  | 0          | 1            | 2                       | 3                |

ADD the Score for Each Column \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_  
 ADD Column Totals Together \_\_\_\_\_

10. If you checked 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

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

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

Spec Info: