

McLaren Print System Order

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Ship Location: McLaren Fort Gratiot Internal Med
 5979 Lakeshore Road
 Fort Gratiot Michigan, 48059

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Item Number: MM-3381
 Item Description: Patient Health Questionnaire (PHQ-‐9)
 Revision Date: 9/2018
 Print:
 Paper:
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 Fold:
 Finish:
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 Misc Info:



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 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-9 questionnaire was developed by Drs. Robert L. Spitzer, Janet B.W. Williams, Kurt Grunbaum and colleagues, with an educational grant from Pfizer, Inc.

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

Spec Info: