**PHQ-9 SCREEN**

**CIRCLE THE NUMBER THAT BEST CORRESPONDS TO HOW YOU FEEL**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Over the last 2 weeks, how often have you been bothered by any of the following problems listed below?  | Not at all  | Several days  | More than one half the days  | Nearly every day  |
| Little Interest in doing things | 0 | 1 | 2 | 3 |
| Feeling down, depressed or hopeless | 0 | 1 | 2 | 3 |
| Trouble falling or staying asleep or sleeping too much  | 0 | 1 | 2 | 3 |
| Feeling tired or having little energy  | 0 | 1 | 2 | 3 |
| Poor appetite or overeating  | 0 | 1 | 2 | 3 |
| Feeling bad about yourself, or that you are a failure, or that you have let yourself or your family down.  | 0 | 1 | 2 | 3 |
| Trouble concentrating on things such as reading the newspaper or watching television  | 0 | 1 | 2 | 3 |
| Moving or speaking so slowly that other people could have noticed? Or he opposite being so fidgety or restless that you have been moving around a lot more than usual.  | 0 | 1 | 2 | 3 |
| Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |
| COLUMN TOTAL SCORES | **\_\_\_\_\_** | **\_\_\_\_\_** | **\_\_\_\_\_** | **\_\_\_\_\_** |
| TOTAL PHQ-9 SCORE (add the total scores of all columns together) = \_\_\_\_\_\_ |

**PLEASE TALLY YOUR SCORES FROM EACH COLUMN ABOVE. Next, copy & past just your scores and send to Sharon via the patient portal. Below is an example:**

**08/20/2022 PHQ-9 SCORES** *(Please put this in the “subject” section of your message)*

Not at all = 0

Several days = 2

More than ½ the days = 4

Nearly every day = 15

Total PHQ-9 Score = 21

*Once your total score is received, a decision will be made about increasing your dose, and a new prescription will be called in for you. Please give our office 48 hours to respond to your message.*