

Live Well Medical Care PLLC

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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: Test Test Date: 05/18/2020

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

	Not at all	Several days	More than half the days	Nearly every day
	0	1	2	3
1) Little interest or pleasure in doing things	i.	ij	•]	Ü
2) Feeling down, depressed, or hopeless		*		<u> </u>
3) Trouble falling or staying asleep, or sleeping too much			12.1	O
4) Feeling tired or having little energy	£.j	;":		Ü
5) Poor appetite or overeating	Ü.)		
6) Feeling bad about yourself-or that you are a failure or have let yourself or your family down)	
7) Trouble concentrating on things, such as reading the newspaper or watching television	: : : :		Ú.	i, i
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	ŧ.		1	 (3
9) Thoughts that you would be better off dead, or of hurting yourself in some way?	1,4	*	.1	en e
	Total Score:			

Interpretation

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Mild Depression

Moderate Depression

Moderately severe depression

Severe Depression

Interpretation of Total Score for Depression Severity

- 1-4 Minimal depression
- 5-9 Mild depression
- 10-14 Moderate depression
- 15-19 Moderately severe depression
- 20-27 Severe depression