

Comprehensive Community Health Centers, Inc.
Adult Depression Screening: PHQ-2 and PHQ-9

For Clinic Use Only

MRN: _____

Date: _____

Name: _____ **Date of Birth:** ____/____/____

Patient: Since depression can affect your health, it is important that we ask some questions to see if you may be depressed, or at risk for depression. Be sure to talk with your provider if you have questions about anything on this form. Your answers will remain confidential, so please be honest.

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

	Not at all	Several Days	More than half of 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
For Clinic Use Only: Add columns	0	+	+	+
PHQ-2 Total: _____				

Patient: If you scored "0" by answering "not at all" to both questions above, you can stop here. If you scored either question with a "1", "2", or "3" by answering "several days", "more than half of the days" or "nearly every day", please complete questions 3 through 10:

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
For Clinic Use Only: Add columns	0	+	+	+
PHQ-9 Total: (all 9 questions) _____				
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