

Client: Tolunay Kaya
DOB: 12/14/1995
Provider: Leslie Medrano



PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things.

- Several days (1)

2. Feeling down, depressed, or hopeless.

- More than half the days (2)

3. Trouble falling or staying asleep, or sleeping too much.

- More than half the days (2)

4. Feeling tired or having little energy.

- More than half the days (2)

5. Poor appetite or overeating.

- Several days (1)

6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down.

- Several days (1)

7. Trouble concentrating on things, such as reading the newspaper or watching television.

- Nearly every day (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.

- Several days (1)

9. Thoughts that you would be better off dead or of hurting yourself in some way.

- Several days (1)

If you checked off any problem on this questionnaire so far, 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?

- Somewhat difficult

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