

## PHQ9 Depression Screener



Patient Name: _____
MR #: _____
CA Name: _____
Date: _____

	(0) Not at all	(1) Several days	(2) More than half the days	(3) Nearly every day
<b>Over the <u>last 2 weeks</u>, how often have you been bothered by any of the following:</b>				
a. Little interest or pleasure in doing things?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If Score is  $\geq 3$ , proceed with remaining questions.

c. Trouble falling or staying asleep, or sleeping too much?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself—or that you are a failure or have let yourself or your family down?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 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?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thoughts that you would be better off dead or of hurting yourself in some way? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>If ANY positive response to question i., then proceed with questions on next page and take action as outlined.</b>				

<b>Score</b>
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**IF POSITIVE finding for i. then**

1. In the last two weeks, have you had any thoughts of hurting yourself in some way?

- 1—not at all
- 2—several days
- 3—more than half the days
- 4—nearly every day

**IF ANY RESPONSE OTHER THAN “1-not at all” then**

▶ 1. “In the past month, have you made any plans or considered a method that you might use to harm yourself”  YES (1)  NO (0)

If yes, ask, “Please be specific about these plans or methods you have considered.”

▶ 2. “Have you ever attempted to harm yourself?”  YES (1)  NO (0)

If yes, ask, “When was this? What happened?”

▶ 3. “There’s a big difference between having a thought and acting on a thought. Do you think you might actually make an attempt to hurt yourself in the near future?”

YES (1)  NO (0)

If yes, ask, “Can you be specific about how you might do this?”

▶ 4. “In the past month have you told anyone that you were going to commit suicide, or threatened that you might do it?”  YES (1)  NO (0)

If yes, ask, “Who have you told and what have you said to them?”

▶ 5. “Do you think there is any risk that you might hurt yourself before you see your doctor the next time?  YES (1)  NO (0)

If yes, ask, “What do you think you might do?”

\* Note to interviewer regarding a positive (“yes”) response to Question 5:

“Active suicide thoughts: acute risk”

1. Contact the patient’s physician immediately to arrange immediate evaluation.
2. If the patient presents an obvious acute risk, stay on the phone with the patient, call 911, or do your best to ensure that the patient goes immediately to an emergency room.

\* Note to interviewer regarding any positive (“yes”) response to Questions 1-4: “Active suicidal thoughts: Moderate to High Risk”

Inform patient’s clinician immediately.

\* Note to interviewer regarding all negative (“no”) responses to Questions 1-4:

“Active suicidal thoughts: Low Risk”

If the patient answers “no” to questions 1-5, the patient will be considered a low suicide risk and this information should be communicated to the physician via telephone message and email.