

PHQ-9 Depression Screening

Northwest Psychiatric Associates Ltd. (NWPA) | 9979 Winhaven Blvd, Suite 204, O'Fallon, MO 63368 | 636-695-4554

Patient name: _____ Date: _____ Date of birth: _____

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

Score each item: 0 = Not at all | 1 = Several days | 2 = More than half the days | 3 = 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
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 more than usual:
0 1 2 3
9. Thoughts that you would be better off dead or of hurting yourself in some way:
0 1 2 3

Total score: _____ / 27

If you checked 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

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Scoring guide for clinician review:

0-4 Minimal depression | 5-9 Mild | 10-14 Moderate | 15-19 Moderately severe | 20-27 Severe

Patient notes or concerns you want to discuss:

Safety note:

If you are having thoughts of harming yourself or someone else, call 988, call 911, or go to the nearest emergency room. Do not wait for a scheduled appointment or use a website form for urgent concerns.

Office use only:

Reviewed by: _____ Date: _____

Follow-up plan / clinical notes:
