Patient Name:

DOB:

MR #:

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Date: _____

UW Health
(University of Wisconsin Hospitals and Clinics Authority)
(SwedishAmerican Hospital)

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?		Not at all	Several days	More than half 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
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 in some way.	0	1	2	3
		0 +	+	+	

= Total Score: _____

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

Interpretation of Total Score: 1-4 Minimal Depression, 5-9 Mild Depression, 10-14 Moderate Depression, 15-19 Moderately Severe Depression, 20-27 Severe Depression

Signature of Patient/Representative: _____ Date: _____/_____/_____Time: _____
If signed by person other than the patient, print name and state relationship and authority to do so.

Print Name: _____ Relationship: _____

- Patient is: ☐ Minor ☐ Incompetent/Incapacitated
- Legal Authority: ☐ Legal Guardian ☐ Parent of Minor
  ☐ Health Care Agent ☐ Other: _____

Reviewed by: _____ Date: _____/_____/_____Time: _____

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