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PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: _____

DATE: _____

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

| | Not at all | Several days | More than half the days | Nearly every day |
|---|-------------------------|-------------------------|-------------------------|-------------------------|
| 1. Little interest or pleasure in doing things | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| 2. Feeling down, depressed, or hopeless | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| 3. Trouble falling or staying asleep, or sleeping too much | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| 4. Feeling tired or having little energy | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| 5. Poor appetite or overeating | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| 6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| 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 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| 9. Thoughts that you would be better off dead, or of hurting yourself in some way | 0 <input type="radio"/> | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |

add columns: + +

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)

TOTAL:

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

PHQ-9 is adapted from PRIME MD TODAY, developed by Drs Robert L. Spitzer, Janet B.W. Williams, Kurt Kroenke, and colleagues, with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@columbia.edu. Use of the PHQ-9 may only be made in accordance with the Terms of Use available at <http://www.pfizer.com>. Copyright ©1999 Pfizer Inc. All rights reserved. PRIME MD TODAY is a trademark of Pfizer Inc.