Patient Name: _____ Date: _____

Date of Birth: _____

E-mail Address: _____

Date of Pneumonia Vaccination: _____

Date of most recent Influenza Vaccination: _____

How many times have you fallen accidentally in the past 12 months? _____

Please complete the Patient Health Questionnaire (PHQ-9) on the next page.

Patient Health Questionnaire (PHQ-9)

Patient Name: _____ **Date:** _____

	Not At All	Several Days	More than Half the Days	Nearly Every Day
1. Over the *last 2 weeks*, how often have you been bothered by any of the following problems?				
a. Little interest or pleasure in doing things	☐	☐	☐	☐
b. Feeling down, depressed or hopeless	☐	☐	☐	☐
c. Trouble falling/staying asleep, sleeping too much	☐	☐	☐	☐
d. Feeling tired or having little energy	☐	☐	☐	☐
e. Poor appetite or overeating	☐	☐	☐	☐
f. Feeling bad about yourself or that you are a failure or have let yourself or your family down	☐	☐	☐	☐
g. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
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	☐	☐	☐	☐
i. Thoughts that you would be better off dead or of hurting yourself in some way				

	Not Difficult At All	Somewhat Difficult	Very Difficult	Extremely Difficult
2. 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?	☐	☐	☐	☐

PHQ-9* Questionnaire for Depression Scoring and Interpretation Guide

For Physician Use Only

Scoring:
Count the number (#) of boxes checked in a column. Multiply that number by the value indicated below, then add the subtotals to produce a total score. The possible range is 0-27. Use the table below to interpret the PHQ-9 score.

Not at all	(#) _____ x 0 =	_____
Several Days	(#) _____ x 1 =	_____
More than Half the Days	(#) _____ x 2 =	_____
Nearly Every Day	(#) _____ x 3 =	_____
Total Score:		_____

Interpreting PHQ-9 Scores			**Actions Based on PHQ-9 Score**
		Score	Action
Minimal Depression	0-4	≤ 4	The score suggests the patient may not need depression treatment.
Mild Depression	5-9		
Moderate Depression	10-14	5-14	Physician uses clinical judgement about treatment, based on patient's duration of symptoms and functional impairment.
Moderately Severe Depression	15-19		
Severe Depression	20-27	≥15	Warrants treatment for depression using antidepressant, psychotherapy, or a combination of treatment

* PHQ-9 is described in more detail at the McArthur Institute of Depression & Primary Care Web site: www.depression-primarycare.org/clinicians/toolkits/materials/forms/phq9/