

Bloomington Pediatrics and Allergy  
306 St. Joseph Dr.  
Bloomington, IL 61704  
309-662-0504 Fax 309-663-7645  
www.bloomingtonpediatrics.com

Patient Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Date: \_\_\_\_\_

Over the past two weeks have you:

1. Been feeling down, depressed or hopeless?

\_\_\_ Yes

\_\_\_ No

2. Had little interest or pleasure in doing things? \*\*

\_\_\_ Yes

\_\_\_ No

\*\**(For example: have you had less interest in doing things you typically enjoy?)\*\**

*If you answered "yes" to either of these questions, please complete the questionnaire on the other side and give it to a nurse or to your doctor. As an alternative, you may take it with you and return it to the office at your convenience. Thank you.*

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## Patient Health Questionnaire (PHQ-9)

**Over the last 2 weeks have you been bothered by any of the following problems?**

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

<b>ADD COLUMNS FOR TOTAL SCORE</b>	<input style="width: 50px; height: 15px;" type="text"/>	+	<input style="width: 50px; height: 15px;" type="text"/>	+	<input style="width: 50px; height: 15px;" type="text"/>	+	<input style="width: 50px; height: 15px;" type="text"/>
<b>TOTAL SCORE:</b> <input style="width: 100px; height: 15px;" type="text"/>							

**NOTE:** 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 with an educational grant from Pfizer Inc. For research information, contact Dr Spitzer at rls8@colun

<b>Scoring the PHQ-9 for items 1-9:</b> PHQ-9 score <b>0-4</b> (Not clinically depressed); <b>PHQ-9 score 5-9</b> (Mild depression); <b>PHQ-9 score 10-14</b> (Moderate depression); <b>PHQ-9 score 15 – 19</b> Moderately severe depression; <b>PHQ-9 score 20-27</b> Severe depression.
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