



PBHCI - Mental Health Screening

Client Name

Client Number

Date of Scheduled Appt. Interview Date: Gender: Male Female DOB:

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

- 1a. Little interest or pleasure in doing things
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
- 1b. Feeling down, depressed or hopeless
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
- 1c. Trouble falling asleep, staying asleep or sleeping too much
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
- 1d. Feeling tired or having little energy
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
- Poor appetite or overeating
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
- 1e. Feeling bad about yourself, feeling that you are a failure or feeling that you have let yourself or your family down
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
- 1f. Trouble concentrating on things such as reading the newspaper or watching television
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
- 1g. Moving or speaking so slowly that other people could have noticed. Or being so fidgety or restless that you have been moving around a lot more than usual
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
- 1i. Thinking that you would be better off dead or that you want to hurt yourself in some way. If "More than half the days" or "Nearly every day" is indicated send reminder to nurse to contact team leader and primary
 - Not at all
 - Several days
 - More than half the days
 - Nearly every day
- 2. If you have 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
 - Not at all difficult
 - Somewhat difficult
 - Very difficult
 - Extremely difficult

Scoring for diagnosis:

- 5 or more are circled as at least "More than half the days"
- Either item 1a or 1b is at least "More than half the days"

Scoring for planning and monitoring treatment:

- To score the first question, tally each response by the number value of each response
- Add the numbers together to total the score

- Interpret the score, using the guide below:
<= 4 Treatment for depression may not be needed
>5 - 14 Physician uses clinical judgment about treatment, based on patient's duration of symptoms and functional impairment
>= 15 Warrants treatment for depression, using antidepressants, psychotherapy or combination of treatment
- For question 2, if the patient responds "very difficult" or "extremely difficult", functionality is impaired. After treatment begins, the functional status is measured again to see if the patient is improving.

Score of the PHQ9 questions:

Action to be taken based on score:

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Form 40e
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Signature and credentials

Date

Approved by: