

McLaren Print System Order

Order No: 55520
 Order Date: 2020-07-22
 User: Joshua Cobbett
 Phone: 904-703-1972

Ship Location: Macomb Pain Mgmt.
 21550 Harrington Blvd Suite B
 Clinton Twp., MI 48036

Brochures
 Quantity: 100
 Paragon Dept No: 56516
 Dept Name: Macomb ENT
 Company Number: 810

Order Total Price: 3.60

Item Number: MO-411
 Item Description: PHQ - Questions
 Revision Date: 1/2020
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: Padded (100 Sheets Per Pad)
 Drill:
 Misc Info: ss; black; 20#

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Name: _____ Date of Birth: _____ Today's 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	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	0	1	2	3

add columns: + + =

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

Spec Info:

18. 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 _____

Patient Signature: _____ Date: _____ Time: _____

Physician Signature: _____ Date: _____ Time: _____