

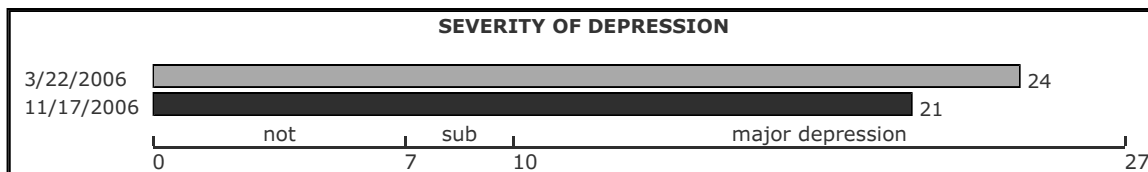
Patient Health Questionnaire



Name: _____
ID: 222222222222
Date: 11/17/2006 12:27:02 PM

Gender: Male
Age: 44
Time in Treatment: First Visit

PHQ-9 Score = 21



| ITEM | RESPONSE |
|--|-------------------------|
| 1. Feeling down, depressed, or hopeless. | Nearly every day |
| 2. Little interest or pleasure in doing things. | More than half the days |
| 3. Trouble falling or staying asleep, or sleeping too much | Nearly every day |
| 4. Feeling tired or having little energy. | More than half the days |
| 5. Poor appetite or overeating. | More than half the days |
| 6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down. | Nearly every day |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television. | Several days |
| 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. | More than half the days |
| 9. Thoughts that you would be better off dead or hurting yourself in some way. | Nearly every day |

PHQ-9 Scoring

The PHQ-9 is scored by summing the ratings for the 9 items. Each item is rated on a 4-point scale ranging from 0 to 3. The maximum total score is 27.

| Score | Interpretation |
|------------|--------------------------|
| 0 - 6 | not clinically depressed |
| 7 - 9 | sub-threshold depression |
| 10 or more | major depression |