

Severity Measure for Depression - Adult

*Adapted from the Patient Health Questionnaire-9 (PHQ-9)

Name: _____ Date: _____

☐ Admission Screen

☐ Discharge Screen

Instructions: Over the last 7 days, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

						Clinician Use
						Item score
		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 in some way	0	1	2	3	
Total/Partial Raw Score:						
Prorated Total Raw Score: (if 1-2 items left unanswered)						
Adapted from Patient Health Questionnaire-9 (PHQ-9) for research and evaluation purposes.						

*if score ≥ 1 for question #9 at discharge must be assessed by RN or licensed clinician for safety, discharge instructions must include safety plan which must be reviewed with patient and caregiver.
 *If score ≥ 2 for question #9 at discharge notify attending physician.

HCA
Behavioral
Health Services

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(#v2653) (11/16/16) *BAS*



NAME LABEL