

## The Patient Health Questionnaire (PHQ-9)

Patient Name \_\_\_\_\_ Date of Visit: \_\_\_\_\_

<b>Over the past 2 weeks, how often have you been bothered by any of the following problems?</b>	<b>Not At All</b>	<b>Several Days</b>	<b>More Than Half The Days</b>	<b>Nearly Every Day</b>
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 asleep, 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're 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	0	1	2	3
Column Totals:		_____ +	_____ +	_____
=Total Score: _____				

10. If you checked off any problems, how difficult have those 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

# Depression Care

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## Your Care Team

At Community Healthcare Network, you will see different people to get all of the care you need to treat your depression. Your care team is:

**You:** You are the most important person on the team! Actively take part in your care. Tell the team what is working for you and what is not. Work with your team to track your progress. Let them know if you have questions or concerns about your care.

Your care team will use your PHQ-9 to track your depression. Keep it in a place where you can see it.

**Primary Care Provider:** The primary care provider (PCP) or main doctor oversees all of your care at the health center. He or she will work with the other members of the care team to make sure you get the best care possible. Your PCP:

- will make and/or confirm your diagnosis
- may give you prescriptions for medicines
- may work with the team psychiatrist to find the best treatment for you

Your PCP's name is \_\_\_\_\_

Your PCP's phone number is \_\_\_\_\_

**Depression Care Manager:** The depression care manager (DCM) works closely with you and your PCP to make or change your treatment plan. Your DCM will also:

- talk to you about your depression
- check-in with you to keep track of your treatment
- answer questions about your treatment

Your DCM's name is \_\_\_\_\_

Your DCM's phone number is \_\_\_\_\_

**NYC Well Phone number:** (888) NYC-WELL (692-9355)