



Patient Label Here

PHQ-9 BH

12 to Adult

Over the <u>LAST 2 WEEKS</u>, how often have you been bothered by any of the following problems? <i>(please circle a number to indicate your answer)</i>	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
10. Worried, tense, or panicky	0	1	2	3
11. Irritable, impatient, or angry	0	1	2	3
	Never	One day	Several days	Nearly every day
12. (Female) Had 4 or more alcohol drinks in a day (Male) Had 5 or more alcohol drinks in a day	0	1	2	3
13. Used a recreational or illicit substance? Or a medication in ways other than prescribed	0	1	2	3
	Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
14. How difficult have the problems on this page made it for you to function in your daily life?	0	1	2	3

Feelings about the <i>MOST RECENT VISIT</i> (if any) with this provider	Agree	Somewhat agree	Not sure	Somewhat disagree	Do not agree
We worked well together	0	1	2	3	4
I made progress toward my goals	0	1	2	3	4

Hand this to your provider. Say right away if you need any paperwork done today.

Optum Care Washington, PLLC

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