



## **The Patient Health Questionnaire-9 (PHQ-9) Screening Tool**

Attached below is a PHQ-9 depression screening tool for your own personal use. This screening tool detects symptoms of depression and appropriate options for treatment.

If you answer, a total score of ten or greater, you likely are experiencing symptoms of depression. Your primary physician, or a mental health counselor, can determine a plan to help you to feel better. A variety of treatment options are available. Some patients request counseling before medication, other patients request medication rather than counseling and many patients choose both medication and counseling simultaneously. The treatment route is decided with your involvement. Should you decide to schedule an appointment with a mental health counselor, it is important to note that a referral is not necessary to schedule the appointment except if you have Medicaid coverage.

If you have additional questions about the depression screening tool, how to score it or want to discuss your score and symptoms, please call me at 701-567-6165.

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# PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

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 in some way	0	1	2	3

FOR OFFICE CODING   0   +        +        +         
=Total Score:       

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