CUCAMONGA VALLEY™ MEDICAL GROUP

Patient Health Questionnaire

PATIENT'S FIRST AND LAST NAME | DATE OF BIRTH | DATE

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Check box to indicate your answer)

	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF DAYS	NEARLY EVERY DAY
1. Little interest or pleasure in doing things	☐	☐	☐	☐
2. Feeling down, depressed, or hopeless	☐	☐	☐	☐
3. Trouble falling or staying asleep, *or* sleeping too much	☐	☐	☐	☐
4. Feeling tired or having little energy	☐	☐	☐	☐
5. Poor appetite or overeating	☐	☐	☐	☐
6. Feeling bad about yourself or that you are a failure, or have let yourself or your family down	☐	☐	☐	☐
7. Trouble concentrating on things, such as reading the newspaper or watching television	☐	☐	☐	☐
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	☐	☐	☐	☐
9. Thoughts that you would be better off dead or of hurting yourself in some way	☐	☐	☐	☐
ANSWER VALUE:	0	1	2	3

Provider Portion - DO NOT FILL

TOTAL SCORE:

Interpretation:

- ☐ MINIMAL DEPRESSION
- ☐ MILD DEPRESSION
- ☐ MODERATE DEPRESSION
- ☐ MODERATELY SEVERE DEPRESSION
- ☐ SEVERE DEPRESSION

Interpretation of Total Score for Depression Severity

1–4	Minimal depression
5–9	Mild depression
10–14	Moderate depression
15–19	Moderately severe depression
20–27	Severe depression